

Retail Account Application

Fill out and email to: info@naturalinstincts.ca or Fax 250.573.3655 Phone 250.573.3625

Company / Principal Name: _____

Shipping Address

Street : _____

City : _____ Province : _____

Postal Code : _____

Contact information

Buyer Contact Name: _____ Tel: _____ Fax: _____

Accounts Payable Contact Name: _____ Tel: _____ Fax: _____

General Information

Estimated Weekly Purchases: _____

Your Business Structure Is (Check One) Proprietorship
 Partnership
 Limited

Years In Business: _____

Business License #: _____

Tell Us About Your Experience With Raw Food For Dogs And Cats:

What Other Raw Food Brands Do You Carry?
