



Consumer products from New England Greens, LLC (VIBRANT HEALTH)
 99 Railroad Street, Canaan, CT 06018 Ph: 860-824-4040 FAX: 860-824-4141
ORDER DESK: 800-242-1835
 e-mail: mail@vibranthealth.us www.vibranthealth.us

Reseller Account Application

Thank you for your interest in becoming a Vibrant Health Reseller. To help us initiate the account set up process, please complete this form and return to us with a **copy of your business license**. A representative will follow up with you by phone within 2 business days of the receipt of application.

Fax (860) 824-4141
 email mail@vibranthealth.us
 mail Vibrant Health, Attn: New Accounts, 99 Railroad Street, Canaan, CT 06018

Store Information

Retailer type: (circle one)

Health/Vitamin Store Gym/Spa Retail Pet Store
 On-line Retailer Health Professional Other _____

Store/Business Name _____

Contact Name _____ email _____

Phone (____) _____ - _____ Fax (____) _____ - _____

Address _____

City _____ State _____ Zip _____

Billing Address (if different)

Contact _____ Phone (____) _____ - _____

Address _____

City _____ State _____ Zip _____

Company Information

Tax ID# _____ Resale License# _____

How long has your company been in business? _____

What are the primary products/services your company offers? _____

Does your company have a website on which our products will be sold? _____

If yes, please provide website domain(s) _____

How did you hear about Vibrant Health? _____

Please provide credit card information for your **Opening Order**

Check here if you would prefer to provide your credit card information over the phone.

Visa/Mastercard/American Express/Discover _____

Exp date _____ CVV # _____

By signing below I acknowledge the above is true and correct. I understand that completion of this form does not guarantee a Vibrant Health Reseller Account. I understand that failure to abide by all Vibrant Health policies, terms and conditions will result in termination of the relationship.

Authorized Signature _____

Print Name _____ Date _____

For Office Use Only

Date of Receipt _____ Copy of License included YES NO Processing Representative (please initial) _____

Other Notes