

# Distribution Application Form



Recognized by  
Canadian  
Physiotherapy  
Association



Phone: (604) 985 0634 Fax: (604) 985 0663  
Toll Free: 1-800-964-8566

Please complete the following information if you are interested in becoming a distributor/ retailer of the Evolution Chair.

<b>Company information.</b>	
Applicant (Legal company Name).	
Billing address.	
Contact Person.	
Email address.	
Phone number.	
Fax number.	
Website Address.	
<b>Logistics information.</b>	
Shipping address.	
<b>Tax information.</b>	
Are you sales tax exempt?	<input type="checkbox"/> No
<input type="checkbox"/> Yes	PST number.
<b>Credit Card information.</b>	
Card Number.	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Expiry Date.

Please fax your application to (604) 985-0663  
Thank you!

Kind regards,  
Lori Harman.