



Distribution Application Form

#201 - 2609 Westview Drive, North Vancouver, BC V7N 4M2 Canada
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.

Company information.

Applicant (Legal company Name). _____

Billing address. _____

Contact Person. _____

Email address of contact person. _____

Phone number of contact person. _____

Website Address. _____

Example of the 5 biggest distribution channels served _____

Country of distribution. _____

Logistics information.

Preferred port of destination. _____

Preferred agent/forwarder in port of destination. _____

Shipping address. _____

Tax information.

Are you sales tax exempt? Yes - PST # _____

No

Credit Card information.

CARDHOLDER NAME: _____

SIGNATURE _____ VISA MASTERCARD

CARDNUMBER: _____

EXPIRYDATE _____

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

Kind regards,
Lori Harman.