



Dr. Bee Wholesale/Distributor Application

Contact Name:			
Title:			
Business Name:			
Address:			
Province/State:		Country:	
Email:		Website:	
Phone:		Fax:	
Social Media:			

Brief Business Description and Business History

Brief Sales and Marketing Overview (Unique Selling Points, Sales Channels, etc.)

How did you learn about Dr. Bee and what do you know about us?

Which products are you interested in and what is your projected purchase quantity? (monthly, annually, etc.)

Please send the form and any other relevant documents to sales@drbee.ca, and we will get in touch with you soon.

Application Date: _____

Dr. Bee's Honeyland Canada

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Pitt Meadows, BC V3Y 0A7
www.DRBEE.ca