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DPA Gold Reseller Application Form

Please complete the form and send it to sliu@dpaindustries.com

Name: _____ Position: _____

Phone number: _____ Email: _____

How did you hear about us: _____

Company name: _____

Business type: Physical store E-commerce Other (Please specify) _____

Business description:

Company address:

City: _____ Province/State: _____

Country: _____ Postal code: _____

Website: _____

Product interested:
DPA Gold seal oil 180 soft gels (licensed health food in both Canada and China)
DPA Gold seal oil 120 soft gels (licensed health food in both Canada and China)
DPA Gold seal oil liquid (licensed health food in Canada only)
OEM (Please specify) _____

Quantities:
>50,000 >25,000 >10,000 >5,000 >2,500 Other (Please specify) _____

Shipping Address (if different from company address):

City: _____ Province/State: _____

Country: _____ Postal code: _____

Recipient name: _____ Phone number: _____