

E A S T



P A R K <sup>TM</sup>

RESEARCH

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**QUALIFICATION FORM**  
**(Distributors/Resellers/Health Professionals)**

Contact Name \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alt# \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Resale or medical license number \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

The above items are required in order to become an authorized distributor of East Park Research's products. If the laws of your city or state do not require that you obtain a resale license in order to resell food supplements, then write "N/A" above. A Social Security number may be used as a Federal Tax ID.

1. Do you have a toll free number for customer use?

NO \_\_\_ YES: \_\_\_\_\_

2. Do you have a website?

NO \_\_\_ YES: \_\_\_\_\_

3. What category best describes your business?

\_\_\_ Physician/Practitioner    \_\_\_ Health Retailer    \_\_\_ Catalog Retailer  
\_\_\_ Internet Based Retailer    \_\_\_ Health Distributor    \_\_\_ Other

4. Would you like to be listed in our referral database, with you contact information given to people in your area who are looking for a source of East Park's products?

NO \_\_\_ YES \_\_\_

**For Office Use:** Customer Number \_\_\_\_\_ Date Entered \_\_\_\_\_  
1st Order Number \_\_\_\_\_ CSR Initial \_\_\_\_\_