



The Best of Nature and Science

Application Form to become a World's Choice Products Distributor.

Please fill up the form mail it, fax it or email it back to us. If you have any questions do not hesitate to contact us.

Date: _____

Company Name: _____

Representative Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Email: _____

Current Website: _____

Proposal for new website www._____.worldschoiceproducts.com

Choice of shipping:

UPS – Account#: _____

USPS – Account#: _____

Payment Option:

Paypal Account#: _____

Setup Application as:

Apply as personal (copy of ID)

Apply as business (copy of business license)

Apply as Healthcare Professional/Physician (copy of diploma/certification)