

Distribution Application Form



Recognized by
Canadian
Physiotherapy
Association



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.	
Phone number.	
Fax number.	
Website Address.	
Logistics information.	
Shipping address.	
Tax information.	
Are you sales tax exempt?	<input type="checkbox"/> No
<input type="checkbox"/> Yes	PST number.
Credit Card information.	
Card Number.	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Expiry Date.

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

Kind regards,
Lori Harman.