

Authorized Seller Application

Retailers' locations and health professionals are welcome to apply!

With over 1500 retail locations carrying the Nature's Answer brand, our products are sure to be a hit with your customers.

Please Note: We are not interested in or permitting third-party online marketplace sales of our products. If it is your intent to purchase our products for purposes of resale on online marketplaces (including, but not limited to, Amazon, Walmart, or eBay), do not complete this Application.

Please note that we have an Authorized Seller Program in the United States. This means that all sellers of our products must be authorized by us and are expected to follow our rules regarding where and to whom our products are sold (including online), how our products should be handled to ensure quality, and the customer service that our authorized sellers are expected to provide to end user consumers. These rules are conveyed via our Authorized Seller Program Policies and other documents.

Please further note that we also have a *unilateral Minimum Advertised Price Policy ("MAP Policy") for the United States. The purpose of this notice is to make you aware that the MAP Policy exists and does not constitute an agreement between you and Nature's Answer Inc.. We do not seek, nor do we accept, any promise of compliance with our MAP Policy, and each authorized seller must independently choose whether to comply with the MAP Policy.*

If you would like to review our Authorized Seller Program terms or our MAP Policy prior to submitting the Application, please request copies for review by contacting us at ASP@naturesanswer.com.

In order to move forward, we need you to supply the following information:

- 1. A copy of your Tax ID**
- 2. Re-sellers license (Note: The address must be the address for the storefront or business location)**

Application

Please fill out the fields below to connect with us!

Applicant's Information	
1. Applicant Legal Name:	
2. DBA/Trade Name(s):	
3. Primary Contact:	4. Title:
5. Applicant Physical Address:	6. Applicant Mailing Address (if different from Physical Address):
7. Telephone:	8. Fax:
9. Email:	
10. Entity Type <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
11. State of Incorporation:	12. Year Incorporated:
13. DUNS:	14. EIN:
15. Resale Certificate Number:	16. Resale Certificate Issuing State: <i>Please send resale certificate to ASP@naturesanswer.com.</i>
17. What market/product category are you in? <input type="checkbox"/> Vitamins and Supplements <input type="checkbox"/> Sports <input type="checkbox"/> Health and Wellness <input type="checkbox"/> Fitness <input type="checkbox"/> Spas <input type="checkbox"/> Other: _____	

18. How do you intend to sell our products? Check all that apply.

- ☐ Brick and mortar
- ☐ Online sales
- ☐ Other: _____

19. How long have you been engaged in brick-and-mortar sales?

20. How many brick-and-mortar storefronts do you have in the United States?

21. How many brick-and-mortar storefronts do you intend to sell our products in? Please provide the full address for each one.

22. Please attach at least 5 photographs depicting representative examples of your brick-and-mortar storefronts that you intend to sell our products in.

23. How long have you been engaged in ecommerce sales?

24. On what websites and/or online marketplaces are you engaged in ecommerce sales? Please list all, including any third-party storefronts on online marketplaces and the corresponding Merchant or Seller ID (*Example: Amazon.com / Storefront name "ABC Store" / Merchant ID*).

<p>25. Do you intend to store your inventory of our products at a location other than the brick-and-mortar storefront(s)' addresses identified above?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the address for all locations where such inventory is stored or will be stored:</p>
<p>26. Do you intend to use any third-party fulfillment service or third-party logistics provider to store inventory or fulfill orders of our products (including any drop-shipping arrangement)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please identify the name(s) of the third-party fulfillment service and/or third-party logistics provider and describe the services provided.</p>
<p>27. Are there any pending lawsuits involving the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>If you checked "Yes" in box 27, please attach additional sheet(s) explaining these matters in detail.</i></p>

<p>Requested Websites: Please identify all websites or mobile applications through which you wish to sell our products (one per line, exact spelling required).</p> <p>Example: www.ABCStoreName.com</p> <p><i>Please note that online marketplace sales (including, but not limited to, Amazon, Walmart, and eBay) are strictly prohibited and will not be approved.</i></p>
1.
2.
3.
4.
5.

Certification and Agreement

- ☐ The Applicant below certifies that the information provided in this Application on behalf of the prospective new account is true and accurate.
- ☐ The Applicant understands that authorization to sell the Nature's Answer products (brick-and-mortar and/or online) is only granted if Nature's Answer Inc. affirmatively provides Applicant approval.
- ☐ If Applicant is approved to sell the Nature's Answer products, the Applicant agrees that it will abide by the terms in the currently effective *Authorized Retailer Policy for the United States of America* or *Authorized Reseller Policy for the United States of America*, as applicable to Applicant.
- ☐ Applicant represents it has authority to submit this application on behalf of the legal entity identified in Question #1, either as an officer, principal, or otherwise.
- ☐ If approved to sell Nature's Answer products, Applicant agrees to timely and fully pay for all products purchased from Nature's Answer Inc.

Name Printed (required): _____

Title (required): _____

Signature (required): _____

Email where the appropriate documents will be sent (required): _____