



Standard Enzyme

STANDARD ENZYME COMPANY & EUROMED GLOBAL

110 TALLAPOOSA ST. E BREMEN, GA 30110
770-537-4445 1-800-670-1999

DISTRIBUTOR APPLICATION



EUROMED GLOBAL

Standard Enzyme and EuroMed Global are a wholesale distributor to Certified Technicians, Doctors, Health Food Stores and Alternative Health Practitioners. To be a retail distributor, you must return the completed distributor application, a copy of your certification, license, or retail (Health Care) business license. Email these documents to info@standardenzyme.com or fax to 770-537-1747.

OWNER NAME: (This will be your account name) _____

Business Name: _____ Business Type: _____

Years in Business: _____ Estimated Sales Volume: _____ Month/Year Referred By: _____

Primary Use: circle one PERSONAL RETAIL BOTH

BILLING ADDRESS:

_____ City: _____ State: _____ Zip Code: _____

Business Phone # _____ Alternate Phone # _____ Fax # _____

Email: _____ Alternative Email: _____

SHIPPING ADDRESS: (If different from billing)

_____ City: _____ State: _____ Zip Code: _____

AUTHORIZED PURCHASERS:

Name: _____ Email: _____

Name: _____ Email: _____

By signing the distributor application, you agree to the following:

Standard Enzyme and EuroMed products shall not be sold less than the current Suggested Retail Price. This policy applies to all advertisements of the products in media, including, but not limited to flyers, posters, coupons, mailers, inserts, newspapers, magazines, catalogs, mail order catalogs, internet or similar electronic media, television radio and public signage. Intentional or repeated failure to abide by this policy will result in termination of your account. Please be aware that we are not responsible if authorized purchasers are not up to date.

Signature: _____ Date: _____

NOTE: If you are in the state of Georgia, a 8% sales tax will apply to all orders unless you provide us with tax exempt documentation.

Standard Enzyme offers a monthly newsletter which will include any specials on products and/or upcoming events.

Please select below how you would prefer to receive them:

[] EMAIL [] BILLING ADDRESS [] BOTH

FOR OFFICE USE ONLY:

Approved By: _____ Discount Rate: _____ Date: _____

Notes: _____

BILLING:

Invoice Preference: EMAIL BILLING ADDRESS BOTH

Payment Terms: CREDIT CARD COD

Credit Card # _____ Expiration Date: _____ CVV Code: _____

Name on Card _____

Credit Card Billing Address: _____