Retail Registration Form

Purchasing Licence Holder/ Company Information

Date: _____

LDB # _____

Business Name _____ Store Phone Number _____

Street address, City, Province, Postal Code _____ Cell Phone Number _____

Name of Person Authorized to Place Order _____ Email address _____

Authorized Signatures

Purchasing Retailer: Signature of Authorized Person to Place Orders	**Date**
Life Cycle Botanics Approval of Registration: Signature	**Date**