

Le Natural Mall, Product Partner / Supplier Contact Information Form

Product Partner / Supplier Name: _____

Products: _____

Commision for referrals: _____

By becoming a product partner/ supplier you will pay Le Natural Mall agreed up commission for mutual benefits.
Le Natural Mall will be paid after every sale. 10 To 50% or all other integration contracts agreed upon.

Web Site Address: _____

Contact Name: _____

FirstLast

Phone Number: _____

###-###-####

Email: _____

Address: _____

Street Address Address Line 2CityState / Province / RegionPostal / Zip Code

Date: _____

Signature: _____

Comments: By signing you are allow Le Natural Mall and staff to pull related information off your profile or website to create a partnership awareness on our website and publications. For the purpose of obtaining business. This contract is binding.