

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.

Web Site Address: _____

Contact Name: _____

FirstLast

Phone Number: _____

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

Email: _____

Address: _____

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

Date: _____

Signature: _____

Comments: This contract is binding.