iRenew PEPTIDES

Distributor Application

RESEARCH-USE-ONLY WHOLESALE ACCOUNT

Thank you for your interest in becoming an iRenew Peptides distributor. Please complete the fields below, save this PDF, and email it to info@irenewpeptides.com. All information is used solely to review and process your wholesale account application.

1. ORGANIZATION INFORMATION

Organization / Business Name

Organization Type (check all that apply)

- ☐ Research Laboratory
- ☐ Biotechnology Company
- ☐ Distributor / Reseller
- ☐ University / Academic Institution
- ☐ Contract Research Organization (CRO)
- ☐ Other Qualified Research Organization

Other — please specify (optional)

Business Address — Street

Business Address — Suite / Unit (optional)

City | **State / Province** | **ZIP / Postal Code**

Country

2. PRIMARY CONTACT

Contact Name | **Title / Role**

Email Address | **Phone Number**

3. COMPLIANCE & VERIFICATION

Business License / Resale Certificate No. | **Tax ID / EIN**

For research, laboratory, and institutional use only. Not for human or animal consumption.

4. PROCUREMENT DETAILS

Estimated Order Volume & Primary Research Focus

5. ACKNOWLEDGMENT & SIGNATURE

By signing below, the undersigned confirms that all compounds purchased through iRenew Peptides are intended strictly for laboratory, analytical, educational, or in-vitro research use by a qualified institution or organization, and will not be used for human or animal consumption, diagnosis, treatment, cure, or prevention of any disease.

Signature (Typed Full Name)

Date