



EmergencySeedBank.com info@emergencyseedbank.com

Non Disclosure Agreement and Dealer Application Form

The purpose of this form is to gather accurate contact and company information, and to safeguard our wholesale pricing and other information without being long and boring.

Company Name _____

First Name	_____	Last Name	_____
Address	_____	City	_____
State	_____	Zip	_____
Phone #	_____	Fax #	_____
Cell Phone	_____	Website	_____
Email	_____	Target Market	_____
Tax ID #	_____		

Email used to [Create an Account](#) at EmergencySeedBank.com _____
(this is so we can assign you wholesale privileges)

I agree that, in consideration for access to information submitted to me by **Emergency Seeds Inc.**

I will:

1. Keep all information provided to me and my company relating to business and/or marketing plans, wholesale pricing, and other "inside" information to myself in strict confidence.
2. Disclose this information solely to individuals who have a signed non-disclosure agreement with **Emergency Seeds Inc.** or who have express approval from **Emergency Seeds Inc.** either verbal or written, to receive this information.

Signed _____

Signed By _____

Date _____

Please complete & email this form to info@emergencyseedbank.com or fax to 206-666-5340