



2575 Pioneer Avenue Suite 103 Vista CA, 92081

Tel: 877.772.4362 Fax: 800.377.1410 Email: info@biopharmasci.com

Dear Valued Business Partner,

In an effort to uphold the integrity of our products, we are implementing minimum advertised pricing (MAP) to all of our suppliers of the Biopharma line. Every one of our suppliers will receive this letter. Please take a moment to review our sales policy located on our website. Below are the MAP guidelines for our current product line: By filling out the distributor form you agree to our MAP policy.

<u>Product</u>	<u>Minimum Advertised Price</u>
Nanogreens + Probiotic	\$54.95
Nanogreens	\$49.95
Nanogreens Strawberry	\$49.95
Nanopro	\$49.95
Nanopro Vegan	\$49.95
Nanopro Chocolate	\$49.95
Nanomega	\$39.95
Nanominerals	\$29.95
Nanoreds	\$39.95
NanoEPA Lemon Crème	\$39.95
NanoEPA Peach Mango	\$39.95
Nanomeal	\$49.95
Nanolean	\$39.95
Nanogluco capsules	\$29.95
Naturalgreens	\$34.95
Nanoflora	\$16.95
Nanogreens Travel Pack	\$1.99
Nanopro Travel Pack	\$1.99
Nanoreds Travel Pack	\$1.99

**Credentials/Certification/License:**

All New and Current Wholesale accounts must provide current HCP credentials/certifications or active License.

**Distributor/Reseller Guidelines:**

To better protect our product integrity, any distributor, and reseller of our products are responsible for the MAP policy compliance of their customer and any business entities to which they are supplying.

MAP pricing only applies to advertised price. Temporary promotions, sales and discounts that effectively lower the retail price are permitted as long as they are not directly applied to advertised price.

The Sale of the product on Amazon or any third party site must adhere to minimum advertised price, reducing the price below these minimums too low or for an extended period of time may lead to account termination at Biopharma’s discretions.

**All Wholesale accounts are required to order at least ½ case of one product (must be same flavor cannot mix & match)**

Thank you for your cooperation and we look forward to building a relationship that contributes to the health and well-being of customers.

**\*All Fields are required, please put N/A where not applicable**

\*Company Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Website/URL: \_\_\_\_\_

\*Online Store Name: \_\_\_\_\_

\*Authorized Company Representative: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Print Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_