

APPLICATION FOR PROFESSIONAL RESALE

(In order to receive wholesale pricing, we must have your application on file)

Name: _____ Date: _____

Business Name: _____

Business Description (What do you do?) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: (If different from billing) _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Cell: _____

Email
Address: _____

Website: _____

Vendor#, EIN# or Federal ID #, (No social security # accepted):

Signature: _____

Return application by Mail or Email Below:

alicia4u2heal@gmail.com

Natural Options 4 U2 Heal

3944 Whitacre Ave SE – Minerva, Ohio 44657 Phone: 330-205-7844