

## Wholesale Account Application

### Contact Information

Name of Business:		Type:
Contact Person First:	Last:	Title:
Phone:	Fax:	
Email:	Website:	
Shipping Address:		
City:	State:	ZIP:
Billing Name & Address:		<input type="checkbox"/> check if same as above
City:	State:	ZIP:
If you provide California Resale License # we can remove the sales tax. Resale license number:		
Please also fax us a copy for us to have on file.		

### Future Billing Information

Would you like to keep a credit card on file for future purchases?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like us to confirm your billing preference for each order?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	Credit card # :	Expiration:	3 Digit Code:

### Affiliate Connections

Would you like to be listed on our website as an affiliate office?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any information different than above? Please include:			
Would you like us to provide you with any Natural Magic graphics to add to your website?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please list:			
Can we link our website to your's?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How did you hear about us?			

### Additional Services

Are you interested in receiving Acu-Pearl Facial Training?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you interested in our professional literature for you to distribute?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please list:			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date