



RESELLER APPLICATION

COMPANY NAME: _____
 LEGAL BUSINESS NAME: _____
 DBA: _____

BUSINESS TYPE: _____ Brick & Mortor _____ Online _____ Natural Market _____ Spa _____ Salon _____ Gift
(CHECK ALL THAT APPLY)

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

MAIN PHONE: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

MAIN EMAIL: _____

CC EMAIL: _____

CONTACT NAME: _____ OWNER MANAGER PURCHASER

CONTACT EMAIL: _____

STATE ID: _____

FEDERAL ID: _____

RESELLER PERMIT: _____

BUSINESS HOURS: _____

WEBSITE: _____

FACEBOOK: _____

INSTAGRAM: _____

PAYMENT TERMS: PRE-PAY
 NET TERMS
 CALL FOR PAYMENT

WOULD YOU LIKE HELP WITH YOUR OPENING ORDER?
 YES NO

METHOD OF PAYMENT: _____

CREDIT CARD: _____

EXP DATE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

ZIP/POSTAL: _____

REFERRAL: _____

SALES REP: _____

ONLINE SALES/BUSINES ACCOUNT DETAILS: I will be selling online and have listed all my accounts below:

- By checking this box, you acknowledge that you have read the Moon Valley Organics "RESELLER AGREEMENT" and MAP Policies (MSRP + \$3 SHIPPING FEE PER ITEM = MAP)
- By checking this box, the reseller acknowledges, understands, and accepts the foregoing and agree to be bound by the terms and conditions of this agreement.

SIGNATURE _____ PRINTED NAME: _____ DATE: _____