



Reseller Application

Business Legal Name: _____
Business dba(s): _____
Federal Tax I.D. #: _____
Resale Tax I.D. #: _____
Years in business under this Legal Name: _____
Business Mailing Address: _____
Business Shipping Address: _____
State of Incorporation: _____
Store Name(s): _____
Business Website(s): _____
Contact Name: _____
Contact Title: _____
Email Address: _____
Phone: _____

1) What are the primary products your business offers?

2) What types of all-natural products does your business currently sell?

3) How do you describe your clientele?

4) What portion of your sales are derived from brick and mortar storefronts versus company owned websites?

Brick & Mortar _____%

Company Owned Websites _____%

SCHEDULE A

5) Which Naturally Uncommon brands are you interested in selling?

Sams Natural _____

Simply Great Beard Oil _____

Fab DEO _____

6) Why are Naturally Uncommon products a good fit for your business?

7) List each physical store location where Applicant is seeking to sell Naturally Uncommon products:

Store Name

Store Address (including City & State)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8) List any company-owned websites where Applicant is seeking to sell Naturally Uncommon products:

9) How did you hear about us?

Trade Magazine

Magazine

Web Search

Customer

Naturally Uncommon Employee

Tradeshow

Friend/Relative

Another Retailer

Other

Applicant Signature: _____

Applicant Name: _____

Date: _____

SCHEDULE A