Wholesale Account Application

DISTRIBUTOR INFORMATION

Thank you for your interest in our wholesale program. Please complete the following application. Your information will be reviewed within 24-48 hours. You may be requested to provide a copy of your business license or other information to further qualify your application.

Once approved, you will receive a copy of our wholesale pricelist and additional information about placing your first wholesale order with Amplixin. If you have any questions, please email support@amplixin.com.

Date

Name

Legal Business Name

Street address, City, ST, ZIP Code

E-Mail

Primary phone number | Fax number

State Sales Tax License #

Type of Business

- ☐ Salon/Spa
- ☐ Physician/Specialist Office
- ☐ Beauty Supply Store
- ☐ Online Retailer
- ☐ Distributor/Reseller
- ☐ Other:

Briefly explain what type of business you operate and where do you intend to distribute Amplixin products? (i.e. website, local salon, Amazon, eBay, supply stores, etc.)

Expected Order Volume

- ☐ 0-10
- ☐ 10-50
- ☐ 50-100
- ☐ 100+
- ☐ Other

How did you find out about Amplixin products?