



Thank you for your interest in carrying Herbn Flow Organics products in your store. Please complete this form to register as a new wholesale vendor. After receiving your completed form, we will contact you within 24 hours to inform you of your status.

## WHOLESALE APPLICATION FORM

BUSINESS INFORMATION		
Company Name:		Date business commenced:
Federal Tax ID:		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp <input type="checkbox"/> Other
# of locations:		
Online or Storefront?		
Corporate Address:		
CONTACT INFORMATION		
Contact Name:		
Position/Title:		
Phone Number:		
Fax Number:		
E-mail:		
SHIPPING INFORMATION		
Ship to Attention:		Phone:
Street Address:		Fax:
		Other:
City, State, ZIP Code:		Other:
PRODUCTS OF INTEREST		
Products of Interest:		
How soon are you looking to start selling?		
SIGNATURE		
Signature:		
Name and Title:		
Date:		

You can inquire about the status of your application at [herbnflowcompany@gmail.com](mailto:herbnflowcompany@gmail.com)