

APPLICATION FOR WHOLESALE ACCOUNT

Name of Business: _____ Years In Business: _____

Contact Name: _____ Phone: _____ Fax: _____

Address: _____

Email: _____ Website Address: _____

How did you find out about Avena Botanicals? _____

The entity above hereby applies for credit in accordance with the terms and conditions of:

Avena Botanicals
219 Mill Street Rockport, ME 04856
Phone: 207-594-0694 Fax: 207-594-2975
www.avenabotanicals.com info@avenabotanicals.com

Retail Store: _____ Other Retail Business: _____ Tax Exempt: Yes or No

Retail Sales Tax Certificate needed for all businesses

Will you be selling the products to customers or using on your clients/patients? _____

Healthcare Practitioner: _____ What Kind of Practice: _____

Federal Tax ID #: _____ or Social Security #: _____

Principal: _____ Home Phone: _____

Home Address: _____

Business References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

First orders must be prepaid with a check, Discover, MasterCard, Visa or American Express. Accounts may be established with Net 30 terms for subsequent orders placed. There is a \$150 wholesale order minimum.

We certify that all information on this form is correct. The purpose of this account is for business, not personal, use. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____ Date: _____

Title: _____