



## Wholesale Application

Legal Business Name: \_\_\_\_\_

Legal Business Owner Name:

\_\_\_\_\_

First

Last

DBA (If applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Business Information:

Company Website: \_\_\_\_\_

Company Email: \_\_\_\_\_

In Business Since (MM/DD/YYYY): \_\_\_\_\_

Vendor License/Resale #: \_\_\_\_\_

#### Business Type:

- CrossFit or HIIT
- Gym
- Corporate or Medical Office
- Professional or Amateur Sports Team
- Yoga/Pilates/Barre
- Juice/Coffee/Tea Bar
- Grocery/Natural/Specialty Store
- Health and Wellness Practice or Spa
- Spin or Cycling
- Other

#### Address:

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province/Region

\_\_\_\_\_  
Postal/Zip Code

\_\_\_\_\_  
Country

Is your shipping address the same as your business address? (Y/N): \_\_\_\_\_

Is your location tax exempt? (Y/N): \_\_\_\_\_

Processing/Shipping Notes (If necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### How did you hear about us?

- Web search
- Facebook
- Instagram
- Community Event
- Gym or Studio
- Print Publication
- Word of Mouth
- Grocery
- Other

*Please send your completed application to [sales@simplyfuel.com](mailto:sales@simplyfuel.com)*