



## 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 TruePure. If you have any questions, please email [support@truepureproducts.com](mailto:support@truepureproducts.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  
Online Retailer

Physician/Specialist Office  
Distributor/Reseller

Beauty Supply Store  
Other:

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

---



---



---

#### Expected Order Volume

0-10  
100+

10-50  
Other

50-100

How did you find out about TruePure products?

---