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CUSTOMER APPLICATION FORM

Business Name: _____

Company Name: _____
(if different)

ABN Number: _____ **ACN Number:** _____
(if applicable)

Year Commenced Trading: _____

Delivery Address: _____
(No PO Boxes)

Town/Suburb: _____ **State:** _____ **Postcode:** _____

Phone: _____

Email (for orders): _____

Email (for marketing updates): _____

Website: _____

Contact Name: _____ **Mobile:** _____

Business Classification

- Health Food / Organic Shop
- Naturopath
- Acupuncturist
- Nutritionist
- Other Please Detail: _____

Please complete this form and email back to us at
sales@wellnesswholesale.com.au