



Wholesale Account & Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:		In Business Since:	
Online	Brick and Mortar	Both	
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>	
Proprietorship <input type="checkbox"/>			
Federal Tax ID:		State Sales Tax License (send copy of license)	
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	State:	ZIP: Phone:
Website URL & Primary email contact information			

Briefly explain your business and why AloeHydrate is a good fit

How did you hear about AloeHydrate?

Where and how will sell AloeHydrate and in where (region)?



Bank References

Institution Name:	Checking Account #:	Savings Account #
Address:	Phone:	Contact Name:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit & Balance	Credit Limit & Balance	Credit Limit & Balance

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature & Title

Date