



## WHOLESALE ACCOUNT APPLICATION

We appreciate your interest in becoming a wholesale retailer for Aquableu products.  
Thank you!

### Business Information

Business Name:	
Website:	Phone:
Your Name:	Email:

### Store Information - select all that apply

<input type="checkbox"/> Physical Store	<input type="checkbox"/> Ecommerce (own)	<input type="checkbox"/> Ecommerce (Amazon)	<input type="checkbox"/> Health Store
<input type="checkbox"/> Other: _____			

### Billing Information

Street Address:		
City:	State:	Zip Code:
Buyer Name:	Phone:	

### Shipping Information

Street Address:		
City:	State:	Zip Code:
Contact Name:	Phone:	

### Tax Information

Federal Tax ID#:	
Resale License #:	# Years in Business:
What are the primary products/services you offer:	

Signature:	Date:
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Please send this application along with an attached copy of your completed ST-120 to **info@aquableu.com** once you've filled it in.