



Jade Bloom
Health, Healing, & Happiness®

APPLICATION FOR WHOLESALE ACCOUNT

Business Information

Name of Business: _____
Type of Business: _____
Name of Owner(s): _____
Business Address: _____
City: _____ State: _____ Zip Code: _____

Contact Information

Primary Contact: _____ Position: _____
Phone#: _____ Fax#: _____ Email: _____
Alternate Contact: _____ Position: _____
Phone #: _____ Fax#: _____ Email: _____
Persons Authorized to Submit Orders: _____

Shipping Information

Ship to: _____
Shipping Address: _____
City: _____ State: _____ Zip Code: _____

Business Questions

How long have you been in business? _____
Where do you plan on selling Jade Bloom Products? _____
What is your monthly budget for wholesale natural products? (circle one below)

\$250 - \$500

\$500 - \$1000

\$1000 - \$2000

\$2000+

What else should we know about your business? _____
Are you currently an affiliate or ambassador for Jade Bloom? **YES** or **NO**

Name & Signature

Name of Preparer: _____
Authorized Signature: _____
Position: _____
Date: _____

**PLEASE ATTACH A COPY OF YOUR BUSINESS LICENSE & RESALE PERMIT
FAX TO: 801-853-2971 OR EMAIL TO: wholesale@jadebloom.com**