



Source of Quality Ingredients from Nature

WHOLESALE ACCOUNT APPLICATION

CONTACT DETAILS:

Contact Name:	_____		
Business Name:	_____		
Address:	_____		
City:	State: _____	Zip: _____	
Phone:	Ext: _____	Fax: _____	
Email:	Website: _____		

BUSINESS DETAILS:

Onwer's Name:	_____ In Business Since: _____		
Tax ID #:	_____ Company Type: _____		
Fax Your:	Resale License or Tax ID to ABrazil, LLC at 732-783-0397 (A wholesale		
City:	Account cannot be set up without your license or tax ID on file)		
Authorized Name:	_____		
Other Names:	_____		
Referrals:	How did you hear about ABrazil, LLC: _____		
Comments:	_____		

BILLING INFORMATION:

Credit Card Info:	Credit Card #: _____ Exp Date: ____/____		
Name on Card:	_____ Billing Address <input type="checkbox"/> same as above		
Billing Address:	_____		
City:	State: _____	Zip: _____	

ONLINE ORDER: We offer online wholesale ordering. We provide a delayed order confirmation to all orders when they are placed, and another email (or fax) confirming when orders are shipped (w/ a tracking number). Please, provide an email address or fax where all orders confirmation will be sent.

Email Address:	_____ Fax: _____		
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SIGNATURE REQUIRED:

Authorized Signature:	_____ Date: _____		
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