



Wholesale Customer Application

Name of Business _____

Name of Owner(s) _____

Billing Information

Street Address _____

(cont'd) _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Shipping Information *(if different from Billing Information)*

Street Address _____

(cont'd) _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Contact Information

Email Address _____

Alt. Email Address _____

Phone Number _____

Alt. Phone Number _____

Fax Number _____

Website Address _____

Resale Certificate No. _____

Wholesale Program Type

Fulfillment Type:	Drop Ship	Bulk Order	Drop Ship + Bulk
Payment Type:	Credit Card	PayPal	Check/Money Order

How did you hear about Supplement Spot?

Briefly describe your business.

Tell us your plans for marketing Supplement Spot products.

What other companies and products do you currently carry?

Please email, mail, or fax the completed form to: **Supplement Spot**
2800 Shamrock Ave, Ste. G
Fort Worth, Texas 76107
Phone (817) 386-5627
Fax (817) 386-5630
wholesale@supplementspot.com