



## 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

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**How did you hear about Supplement Spot?**

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**Briefly describe your business.**

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**Tell us your plans for marketing Supplement Spot products.**

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**What other companies and products do you currently carry?**

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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**