



WHOLESALE APPLICATION FORM

Please fax this form at: 931-593-3782. Or, scan and email at: orders@floralive.com

Or, mail to: FlorAlive, P.O. Box 627, Lobelville, TN 37097.

Please include a copy of your professional license along with this application.

Have questions? Please call us at 800- 274-3727. We'd love to hear from you!

To establish a wholesale account, the first order minimum is \$150.

Name _____ Date _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

Email _____ Website _____

Shipping address: If your shipping address is different than the one above, we will enter it in the system when you place your first order.

Type of Practice (circle): MD, DO, DC, OMD (TMC), ND, L.Ac, AP, DPh, ARNP, Other _____

Special areas of interest: _____

Referred by: (how did you hear about us): _____

Optional (You can give this information over the phone when you place your first order):

All orders processed through *PRL-FlorAlive* will be billed via credit card:

Please select payment type (circle): Visa MC Am Exp Discover C.O.D.

Name (as it appears on the card) : _____

Credit Card # _____ **Exp. Date:** _____ **3-Digit Code:** _____

I recognize and accept the conditions shown above and certify that all information here is correct and accurate. In submitting this account application for wholesale purchase status consideration, I further authorize PRL-FlorAlive to debit the above credit card (if applicable) for purchases incurred through it, in accordance with card issuer agreement.

Owner/Partner/Officer (please print)

Authorized Signature