



Wholesale Account Application

Company Information

Full Legal Name: _____

DBA (If Applicable): _____

Company Type (check one): ___ Country Store/Dry Goods ___ Grocery Store ___ Gift Shop ___ Bookstore

___ Other (please explain): _____

Table with 4 columns: Billing, Shipping, Buyer, and an unlabeled column. Rows include: First & Last Name, Phone, Fax, Email Address, Address Line 1, Address Line 2, City, State, ZIP Code.

Resellers or Sales Tax Exempt Number _____

Net 30 Terms

If applying for Net 30 Terms, please provide bank and/or reference information below.

Table with 4 columns: Reference 1, Reference 2, Reference 3, and an unlabeled column. Rows include: Name, Account No., Contact Name, Phone, Email.

Signature

By signing below, I acknowledge that I have read and agree to the Policies and Conditions of Simple Life Soap, LLC.

Signature _____ Print Name _____ Title _____ Date _____

Please Email or Fax This Wholesale Application to:
orders@simplelifesoap.com | 717.389.4641