



# Laural's Aroma Therapy

APPLICATION TO PURCHASE  
AT WHOLESALE

ALL INFORMATION WILL BE KEPT PRIVATE  
AND WILL NEVER BE SOLD.

PLEASE FILL OUT AND FAX TO 570-588-0416

BUSINESS NAME:	
YOUR FIRST NAME:	
YOUR LAST NAME:	
BUSINESS STREET ADDRESS:	
BUSINESS CITY / STATE / ZIP:	
BUSINESS COUNTRY:	
TAX ID NUMBER OR SOCIAL SECURITY NUMBER: ( Required for TAX PURPOSES )	
BUSINESS PHONE NUMBER:	
ALTERNATE PHONE NUMBER: ( ie: cell )	
BUSINESS FAX NUMBER:	
E-MAIL ADDRESS:	
NUMBER OF YEARS IN BUSINESS:	
BEST METHOD AND TIME TO CONTACT YOU: (ie: Business phone, cell phone, fax, e-mail )	
IS THE SHIPPING ADDRESS THE SAME AS THE BUSINESS ADDRESS: (If no please fill out below)	_____ YES      _____ NO
SHIP TO STREET ADDRESS:	
SHIP TO CITY / STATE / ZIP:	

PLEASE DESCRIBE YOUR BUSINESS ALONG WITH THE TYPE OF PRODUCTS THAT YOU SELL:

HOW WILL YOU BE SELLING OUR PRODUCTS?

\_\_\_\_\_ RETAIL STORE

\_\_\_\_\_ PRODUCT PARTIES

\_\_\_\_\_ TRADE SHOWS

\_\_\_\_\_ FLEA MARKETS

\_\_\_\_\_ INTERNET

\_\_\_\_\_ OTHER ( Please describe)

WOULD YOU LIKE A SUGGESTION FOR  
A RECOMMENDED STOCKING ORDER:      \_\_\_\_\_ YES      \_\_\_\_\_ NO