

Imbue Botanicals

Wholesale Program Registration Form

Please fill out the following information to register your store or sales location. All information is required. Please submit to your Sales Representative, fax to 844-864-6283, or scan and email to support@imbuebotanicals.com

Sales Representative: _____

Store Information:

Store Name: _____ Tax ID/EIN: _____

Type of Store: _____

Store Phone Number: _____

Store Address: _____

Primary Contact: _____

Contact Phone (*if different*): _____

Contact Email: _____

Shipping Information (*if different*) :

Name: _____

Address: _____

Phone: _____

Billing Information (*if different*) :

Name: _____

Address: _____

Phone: _____

Email: _____

May we list you on our website as a place to purchase our products for those looking for an "in-person" purchase?

_____ Yes

_____ Not at this time

What marketing material do you typically use?

_____ Posters

_____ Trifold Brochures

_____ Rack Cards

_____ Bag Stuffers

_____ QR Chart (Medical Prof. Only)

_____ Manual (Medical Prof. Only)

_____ Door Sign

_____ Display Backdrop

Size in inches-width x height: _____

What is your preferred method of payment?

_____ MasterCard, Visa, American Express or Discover - Call 844-864-6283 ext. 0 to make payments or attach Credit Authorization Form

_____ Due Upon Receipt. Payment must be received no later than 30 days from receipt. Must be paid by **check or money order**.

For Internal Use Only

_____ Address and Phone# verified (Google)

_____ Outlook Contact Made & Sent to Paul

_____ Welcome Letter Sent

_____ Follow Up Phone Call Made

_____ Added to Website (if applicable) _____

Additional Notes