



TAYLOR WELLNESS WHOLESALE APPLICATION FORM

Fill-Out form below- Fax form into our office FAX TO- 843-692-7474

In order for you to receive wholesale pricing, we will need the following information...

Wholesale purchasing available to qualified customer with TAX ID number only

Company Name:	Do you currently sell our products? (Circle) Yes / No
Billing Address:	Shipping Address:
Street:	Street:
City:	City:
State: Zip:	State: Zip:
Country:	Country:
Telephone:	Telephone:
Fax:	Fax:
Email:	Web Address if Available:

Name of Owner:

Nature of Business:

Date Established:	Federal Tax ID #
Name of person we should contact:	Business License #

Fax Completed form to- 843-692-7474

Once we receive your completed Wholesale application form, we will contact you with-in 1-2 business days.

