

## Wholesale Account Application

Thank you for your interest in Lavera and LAVERE products!

Please take a few minutes to complete this application and fax it to us at 1.877.298.4012

### About your business...

Company/Business Name

Name and title (i.e. owner)

Street Address

City  State

Country  Postal / Zip

Reseller Number

Tax ID

What type of business are you?

Do you have a website? URL?

What other products do you feature – do you sell any other skin care lines? Do you have a Beauty Advisor/Esthetician on staff?

What is your timeframe and starting budget for your first lavera order?

**Please provide the following contact information and indicate which one is the best way to reach you**

Home telephone

Work telephone

Cell phone

Email

Fax

### Certification

I hereby certify that all statements on this application are true and accurate, and will be reviewed by Lavera before my account is approved for purchasing products for wholesale price.

Print Name:

Signature:

Date: