



# WHOLESALE BUSINESS APPLICATION

### INSTRUCTIONS:

- 1) Fill in all sections below & attach proof of licenses and permits
- 2) Fax to Wholesale Dept: (310) 919-1134 -and- please allow 1-2 business days to process
- 3) Upon approval you will receive an EMAIL CONFIRMATION with your account #
- 4) Questions can be directed to: [wholesale@dragonherbs.com](mailto:wholesale@dragonherbs.com) or (310) 917-2288 x128

### CONTACT & BUSINESS OVERVIEW

<b>Primary Contact:</b>		<b>Title:</b>	
<b>Secondary Contact:</b>		<b>Title:</b>	
<b>Company/Business/DBA:</b>			
<b>Phone:</b>	<b>Fax:</b>	<b>Cell:</b>	
<b>Email:</b>		<b>Website:</b>	
<b>Business Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	<b>Country:</b>
<b>Type of Business:</b> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>			<b># of Employees:</b>
<b>Business Environment - check all that apply</b> Acupuncture <input type="checkbox"/> Naturopath <input type="checkbox"/> Chiropractor <input type="checkbox"/> Dietician <input type="checkbox"/> Psych/MFT/LSW <input type="checkbox"/> Physician/MD <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Wellness Clinic <input type="checkbox"/> Vitamin/Herb/Supplement Shop <input type="checkbox"/> Pharmacy <input type="checkbox"/> Spa <input type="checkbox"/> Yoga Studio <input type="checkbox"/> Health Club <input type="checkbox"/> Drink/Snack Bar or Cafe <input type="checkbox"/> Other <input type="checkbox"/> (description) _____			

### LICENSE & RESELLER INFORMATION

### \*\*\*ATTACH COPIES TO THIS APPLICATION\*\*\*

1. Current Business License
2. Current Resale Certificate/Seller Permit/Tax Exempt ID# (or CA form BOE 230 if in California)
3. Website or Wallet Card Proof of valid State Issued, Board Certified Healthcare License (if applicable)

### QUESTIONNAIRE

How did you hear of Dragon Herbs?

How do you plan to incorporate our products in your business?

How can Dragon Herbs best support you in growing your business?

Are you interested in advanced studies in Tonic Herbalism?  
Questions or Comments?

### SIGNATURE(S):

I warrant all the above information and attached documents to be true to the best of my knowledge, and authorize its verification. Dragon Herbs reserves the right to change its pricing and policies without prior notice, or rescind this offer. This program is valid only if approved by Dragon Herbs authorized staff and is not retroactive for any purchases made prior to the approval date. I will claim no monetary damages if my application is declined, or my discount status is revoked or cancelled. I acknowledge that the terms of this program are for my personal use only, and cannot be used by or for other individuals or businesses. I agree to uphold ethical usage and business practices with Dragon Herbs products and services, as dictated by the FDA and other governing agencies. All usage of Dragon Herbs logos, photos, descriptions and any other proprietary information require prior written approval.

**Upon approval, in order to maintain program status, all applicable licenses and permits must be kept current WITH proof provided to Dragon Herbs proactively, and account must meet all Wholesale Program terms and conditions set forth. I understand that I may be asked to show a government issued photo ID at the time of each transaction.**

SIGNATURE

PRINT NAME

DATE