

## International Verification Form

The information on this form is for opening a business account (wholesale) with LorAnn Oils Inc. The information on this form is for internal purposes only.

### Business Information

<input type="text"/>		<input type="text"/>
Business Name		Contact Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Street Address(1)	Suite #	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Street Address(2)	Postal Code	Main Company Website
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State/Province	Phone (1)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country		Phone (2)

### Authorized Buyers/additional contacts

Name	Email
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Shipping Address Check if same as Billing

<input type="text"/>		<input type="text"/>
Business Name		Contact Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Shipping Street Address(1)	Suite #	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Shipping Street Address(2)	Postal Code	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State/Province	Country

Please tell us how you will be using LorAnn products (Please check all that apply.) - *Continued on page 2*

I will be using LorAnn products as an ingredient in/for: (Check all that apply)

<input type="checkbox"/> Bakery Products	<input type="checkbox"/> Aromatherapy/Spa	Other _____
<input type="checkbox"/> Candy Products	<input type="checkbox"/> Popcorn	
<input type="checkbox"/> Ice Cream/Yogurt	<input type="checkbox"/> Cannabis Infused Products	
<input type="checkbox"/> Pharmacy/Compounding	<input type="checkbox"/> Beverage	

Please tell us how you will be using LorAnn Products ( Please check all that apply)

I will be reselling unopened LorAnn branded products

I will be reselling LorAnn products relabeled under a different brand.

From my retail store (physical Location)

If Yes, agree that LorAnn will not appear on label or in text

May we refer customers to your store for Purchases of LorAnn Branded Products?

What brand will they be labeled as?

How many physical locations do you have?

On an Internet Marketplace

Check all that apply

What is the name of your storefront?

Other Please list

<input type="checkbox"/>	My Website
<input type="checkbox"/>	Amazon.com
<input type="checkbox"/>	Walmart.com
<input type="checkbox"/>	Etsy.com
<input type="checkbox"/>	Alibaba.com
<input type="checkbox"/>	Ubuy.com
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	


I only sell to other businesses

Return completed form to [Emily@LorAnnOils.com](mailto:Emily@LorAnnOils.com) or [Shelbyh@LorAnnOils.com](mailto:Shelbyh@LorAnnOils.com)

**For Internal Use Only**

Customer # \_\_\_\_\_ Approved by \_\_\_\_\_ LorAnn/Broker \_\_\_\_\_ Date \_\_\_\_\_