



## Business Verification and Wholesale Website Access Form

The information on this form is for opening a business account (wholesale) with LorAnn Oils Inc. In addition to this form, we require a completed and signed W-9 form and a Sales and a Sales Tax Exemption Certificate. 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		Suite #	Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
City	State	Zip Code	Main Company website		
<input type="text"/>	<input type="text"/>		Does your company require a purchase order number(PO)?		
Phone #	Fax #		<input type="checkbox"/>	Yes	<input type="checkbox"/>
			<input type="checkbox"/>	No	

### Officers and/or Owners

<input type="text"/>	<input type="text"/>
Name	Name
<input type="text"/>	<input type="text"/>
Title	Title
<input type="text"/>	<input type="text"/>
Phone	Phone
<input type="text"/>	<input type="text"/>
Email address	Email Address

### Authorized Buyers

Name	Email	Provide this user with Web Credentials?			
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

### Shipping Address (Check if same as Billing - We do not accept P.O. Boxes as shipping locations)

<input type="text"/>		<input type="text"/>		
Business Name		Contact Name		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Shipping Street Address		Suite #	City	State
<input type="text"/>		Zip Code		
Phone #		This Shipping Address is: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		

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

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

Bakery Products

Aromatherapy/Spa

Other \_\_\_\_\_

Candy Products

Popcorn

Ice Cream/Yogurt

Cannabis Infused Products

Pharmacy/Compounding

Beverage

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

I will be selling outside of the United States

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"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	


I only sell to other businesses

Return completed form to [CustomerCare@LorAnnOils.com](mailto:CustomerCare@LorAnnOils.com) or fax to (517) 882-0507

**For Internal Use Only**

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