



International Business 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

Business Name	Contact Name	
Billing Address (Include Suite#, City, State, Postal Code, and Country)		
Phone #	Email Address	
Web Address	Web Storefront? Y/N	
	Physical Store Front? Y/N	Years in Business
Additional Web Store (Facebook, Amazon, Alibaba, etc.)		
		# of Physical Locations

Contacts

Name	Email
Name	Email
Description of Business	Authorized Buyers

Shipping Address (Check if same as Billing)

Business Name	Contact Name
Shipping Address (Include Suite#, City, State, Postal Code, and Country)	
Phone #	

Does your business re-sell LorAnn products or use LorAnn products in your business or in the manufacturing of your products?

Please check all that apply below:

<p>For Resale</p> <p><input type="checkbox"/> From your shop(s)</p> <p><input type="checkbox"/> From your Internet storefront</p> <p><input type="checkbox"/> To other retailers or manufacturers</p> <p><input type="checkbox"/> I would like to receive information via email from LorAnn Oils targeted specifically to business customers.</p>	<p>For use in manufacturing</p> <p><input type="checkbox"/> Bakery Products</p> <p><input type="checkbox"/> Candy Products</p> <p><input type="checkbox"/> Ice Cream/Yogurt</p> <p><input type="checkbox"/> Other _____</p>
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Return completed form to CustomerCare@LorAnnOils.com or fax to (517) 882-0507

For Internal Use Only

Customer # _____ Date Received _____