



Wholesale Program Application

Thank you for your interest in LorAnn! If you have a business that is relevant to the products you would like to purchase, you may qualify for our wholesale program. To be considered, please complete the attached forms. Once complete, please return to customercare@lorannoils.com or fax to 517-882-0507. Incomplete applications will not be processed.

Once your application has been approved, you will receive a login credential for accessing the wholesale side of our website, if requested. To view wholesale pricing on our website, you MUST login using the proper credentials.

Our wholesale program offers many great benefits:

- Deep discounts off retail price with NO MINIMUM ORDER
- Order larger sizes right from our website
- Access to wholesale-only items like in-store displays and merchandising materials
- Access to large volume purchases including 5 and 55 gallon containers
- Receive product images for your online store
- Free freight on orders \$600 and greater (restrictions apply)

E-Commerce resellers: We have standing agreements with a select few partners and will not be granting additional wholesale accounts to customers wishing to resell LorAnn branded products through online marketplaces such as Amazon, Ebay, Etsy, or like websites.

For internal use only
Customer#

Approved By:

LorAnn broker:

Date:

Business Information

| | |
|----------------------------|----------------------------------|
| How did you hear about us? | If "other" selected, please list |
|----------------------------|----------------------------------|

| | |
|------------------|-------|
| Business Name | |
| Official Website | |
| Phone # | Fax # |

What best describes your business? Please select one from the drop-down menu.

| |
|----------------------------|
| If "other," please specify |
|----------------------------|

Billing Address

| | | |
|--|-------|----------|
| Street Address | | Suite # |
| City | State | Zip Code |
| Does your company require a purchase order number? | | Yes No |

Shipping Address Check if same as billing – We do not accept P.O. Boxes as shipping addresses

| | | | | | |
|----------------|------------|-------------|--------------------|----------|----|
| Business Name | | | | | |
| Contact Name | | | | | |
| Street Address | | | | Suite # | |
| City | | State | | Zip Code | |
| Is the address | Commercial | Residential | Liftgate Required? | Yes | No |

Officers and Owners

| | |
|---------------|---------------|
| Name | Name |
| Title | Title |
| Phone # | Phone # |
| Email Address | Email Address |

Authorized Buyers – These are the ONLY people that we can give information to, accept orders from on your account. This is for your protection.

| Name | Email | Provide User with Web Credentials | |
|------|-------|-----------------------------------|----|
| | | Yes | No |
| | | Yes | No |
| | | Yes | No |

Blanket Certificate of Resale (Sales and Use Tax Certificate of Exemption)

Furnished under the State of/Province of: _____ Sales & Use Tax Acts. This is to certify that all purchases by the undersigned from LorAnn Oils Inc are tax exempt and will be purchased for the following purpose:

For Resale at Retail, in the same form as received.

For Resale at Wholesale.

To be used as a material, ingredient, or component in manufacturing, assembling, processing or refining to produce a new product for sale

For use in Agricultural Production

Nonprofit – Check the box that applies:

Church Government Entity Nonprofit School Nonprofit Hospital

Nonprofit Internal Revenue Code 501(c)(3) or 501(c)(4) Exempt Organization.

To be exported for sale, use or consumption outside the continental limits of the United States.

This certificate shall be considered part of each order we shall hereinafter place and shall be applicable to any property purchased by the undersigned unless otherwise specified, and shall remain in force until revoked in writing.

By electronically signing this form, I declare, under penalty of perjury, that the information on this certificate is true and that I have exercised reasonable care in assuring that my claim of exemption is valid. In the event the claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

| | |
|-------------------|--|
| Business Name | |
| Business Address | |
| Signature & Title | |
| Date Signed | |