



Wholesale Application

Return the completed application with a copy of your Business License and Sales Tax Permit/Resale Certificate by Fax: 1-702-946-0873 or Email: wholesale@livonlabs.com

Company Name and DBA (if applicable) _____

Billing Address _____

City, State, Zip, Country (if outside of US) _____

Primary Contact Name and Title _____

Phone _____ Alt Phone _____ Fax _____

Email _____ Website _____

Check One: Corporation LLC Sole Proprietor Partnership Month/Year Established _____

Federal Tax ID _____ Sales Tax # & State _____

Name and Phone of Owner/Partner/Officer _____

Describe Your Business: Health Food Store Medical Office/Clinic Internet Retail Athletic Club
 Other _____

Do you sell products on Amazon.com? Yes No

If Yes, provide the name(s) of your Amazon Store(s) _____

Do you sell products to the general public? If so, please provide a customer service phone number. _____

List each address (Web URL or Physical location) where you intend to sell LivOn products (attach an additional sheet if necessary):

Location 1: _____

Location 2: _____

How did you hear about LivOn Labs? _____

Describe Other Products You Sell: _____

Select the marketing methods you most commonly use to promote the products you sell:

Product Demonstrations Brochures Posters/Displays Email Internet Personal Consultation

What marketing tools and support would enhance your efforts in promoting LivOn products?

Completed by: _____ Signature: _____ Date: _____

Internal Use Only

Select One and Initial: Approved by _____ Rejected (reason and initials) _____