

WHOLESALE ACCOUNT APPLICATION

To open a 4R Health Products wholesale account the application form must be faxed to 830.935.4297 with a copy of your business, resale or professional license.

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

Trade Name of Business: _____

Legal Name: _____

If Corporation, State of Incorporation: Date of Incorporation: _____

In Business Since: _____

Federal Tax ID or Social Security #: Resale #: _____

City / State / Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

Best Time to Call: _____

B I L T O:

Name: _____

Address: _____

City / State / Zip: _____

S H I P T O: (if same leave blank)

Name: _____

Address: _____

City / State / Zip: _____