



WISDOM OF THE AGES LLC

PO BOX 276 WESTCLIFFE, CO 81252 PHONE: 719-783-4431 FAX: 719-783-4435
orders@wisdomoftheagesllc.com

WHOLESALE APPLICATION

WHOLESALE ACCOUNT QUALIFICATIONS:

- You must qualify as a Natural Health Professional: Health Practitioner (ND, NMD, MD), Naturopathic Doctor, Nutritionist, Herbalist, Homeopathic Doctor, Doctor of Chinese Medicine, Doctor of Arvedic Medicine, Chiropractor, Massage Therapist, Acupuncturist, Health Food Store, Natural Grocer or Health Food Reseller.
- You must be an independent natural health professional and NOT a distributor, large retail chain or franchise. Wholesale accounts are for product resale to the public, and not for distributor resale to other businesses. Neither are accounts to be used solely for personal use.
- Place of business must be a physical (brick and mortar) location open to the public to walk in and view/purchase natural products.
- Place of business must contain a definitive area dedicated to health supplements and natural products (i.e. Dietary supplements, essential oils, natural cosmetics, natural and organic foods). *Some applicants may be required to provide pictures of their business in order to process their application.*

ACCOUNT POLICIES:

- New accounts are placed on credit/debit card terms only. After a period of six months (from date of first order) and a history of at least three paid orders, new customers may fill out a credit application (applications may be obtained through mail, fax or email by calling our office or online at wisdomoftheagesllc.com) for consideration of change in payment terms (Net 30, COD or Due on Receipt).
- New accounts will be approved or denied only after the wholesale application has been filled out entirely, signed by the business owner, and all requested documentation has been received from the applicant. After approval, new accounts will be set up in our system upon the first order placed. Approved applications will be held for a maximum of two weeks. If no order is placed within two weeks of application approval, those applications will be terminated and all documentation destroyed.
- All applications for businesses outside the US: Wisdom of the Ages LLC is not responsible for shipments lost, seized or confiscated. Please check with your local government for approval.
- Shipping Policy: Wisdom of the Ages will only ship to a wholesale customer's pre-approved shipping address that has been verified to belong to the wholesale customer. We will not drop ship orders to other locations.
- Returns Policy: Products are 100% guaranteed. Returns are subject to a 15% restocking fee after 90 days. Wisdom of the Ages reserves the right to limit returns and/or place additional restrictions on wholesale customers who abuse the returns policy.
- Wisdom of the Ages reserves the right to refuse applications from businesses for any reason, i.e. businesses that do not qualify or are not a "good fit" for our products. Wisdom of the Ages may also close business accounts for any reason, i.e. businesses that misrepresent themselves, sell our products online or otherwise under a different name without prior notification, change ownership without notification, violate good business practices, fail to disclose any change in business that would affect their account qualifications.

Please fill out all information below, sign, and mail, fax or email to our office with a copy of your Sales Tax License containing your business name (not an individual or other business name) on it. Failure to provide all information requested may delay your application approval.

Please Print Legibly

BUSINESS NAME: (as listed on your legal documents) _____

LIST ALL OTHER BUSINESS NAMES YOU WILL BE SELLING OUR PRODUCTS UNDER: (include all online names for all avenues of internet sales)

TYPE OF BUSINESS: _____ LENGTH OF TIME IN BUSINESS: _____

LEGAL ENTITY: CORPORATION PARTNERSHIP SOLE PROPRIETOR LLC

BUSINESS PHONE: _____ BUSINESS FAX: _____

BUSINESS EMAIL: _____ BUSINESS WEBSITE: _____

BUSINESS PHYSICAL ADDRESS: _____ BUSINESS MAILING ADDRESS: _____

HOW DO YOU PLAN TO SELL OUR PRODUCTS? (check all that apply) PHYSICAL STOREFRONT WEBSITE AMAZON EBAY OTHER

If "other" please explain: _____

WOULD YOU LIKE US TO SET UP YOUR ONLINE ACCOUNT? YES NO
(An online account allows you unlimited access to all of our FREE Literature, price sheet/order form, catalog, monthly specials, wholesale pricing and online ordering)

WOULD YOU LIKE TO BE ADDED TO OUR MAILING LIST? YES NO
(You will receive our quarterly newsletter, monthly specials, new product alerts and updated catalogs by email. We do not sell your information to third parties.)

By signing below, you affirm that you qualify for a wholesale account as stated above in the wholesale account qualifications, and that you have read and agree to the account policies listed above.

Owner's Name (please print legibly) _____

Date _____

Owner's Signature _____