

Gentle Pharmacy

Laboratories

Texpol Enterprises, LLC

P.O. Box 29723

San Antonio, TX 78229-0723

WHOLESALE ACCOUNT APPLICATION

Please fill out completely

Company Name _____

Shipping Address _____

City _____ State _____ Zip _____

Billing Address (if different from shipping address) _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email _____ Website _____

Resale License Number (see notice below) _____

What is the primary nature of your business at this location?

Health Food Store Mail Order Firm Export Other (describe) _____

TYPE OF BUSINESS:

Sole Proprietorship – Social Security No.: _____ Date of birth _____

Corporation Partnership FEIN No.: _____

Other (describe) _____

Is your business/store a subsidiary of any corporation or other entity? YES _____ NO _____

If yes, list full name and address of operation: _____

How did you learn about Gentle Pharmacy and our products? (advertisement, Internet search, etc.)

Date _____

Payment Information: We currently accept the following payment methods: Approved Business Check, Money Order, Visa, MasterCard, Discover and American Express. We do not offer Net 30 accounts at this time.

IMPORTANT

State sales and use tax laws require us to obtain a completed resale tax exempt certificate form and a copy of your retailer's occupation sales or use tax certificate for those states which impose sales tax.

PLEASE FILL OUT THE FORM AND FAX ALL DOCUMENTS TO TEXPOL ENTERPRISES, LLC:
(775) 593-1907