



**Wholesale Account
Application Form**

Mobius Wellness
260 Shore Ct
Burr Ridge, IL 60527
Tel: 630-986-1700
Fax: 630-325-5556

To establish a wholesale account with us and access our website at www.mobiuswellness.com, you will need to complete the following form and attached a copy of your FEIN & State business registration/reseller certificate. We will quickly process your application and contact you when your account has been approved. For assistance with filling out the application, feel free to call us at 630-630-986-1700. **You can fax your completed application to (630)325-5556 or email a scanned copy to mw@wholesalepoint.com.**

Please note you **MUST** provide the User ID (log in name) you created on our website as well as all websites you will be selling on.

Company Name: _____	Nature of Business: _____			
Email Address: _____	Main Website: _____			
Street Address: _____				
City: _____	State: _____	Zip: _____	Phone: _____	Fax: _____
User ID: _____				

TRADE REFERENCES (Who do you currently do business with)

1. Company Name: _____	2. Company Name: _____
Customer Acct. #: _____	Customer Acct. #: _____
Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

ACKNOWLEDGEMENT AND ACCEPTANCE OF MOBIUS WELLNESS POLICIES

I agree to comply with the Mobius Wellness' Policies and Website terms and conditions as updated from time to time, including but not limited to:

1. Following Minimum Advertised Price (MAP), when it exists.
2. Identifying, disclosing and requesting permission to sell products purchased through Mobius Wellness. This shall include requesting & obtaining express permission for each and every website URL and marketplace and identifying all user names, DBA, telephone numbers and addresses related to any seller account or website related to you.

List all Websites and all channels you sell on including your DBA & Seller Name on each channel:

List all addresses and telephone numbers related to your operation:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every matter.

Name of Owner, Partner, or Officer

Authorized Signature

Title

Date