



ANN WEBB

Skincare

11701 Jollyville Rd #107, Austin, TX 78759

Email: orders@awskinclinic.com

Phone: 512-614-4012

## Application for Wholesale Account

### Thank you for your interest in establishing a wholesale account with Ann Webb Skincare

We receive numerous requests wanting to purchase products at wholesale prices; therefore, in order to protect the integrity of our valued customers, we have established the following parameters for opening new accounts.

**Make sure you qualify by meeting ALL of the requirements listed below:**

1. A TAX ID NUMBER or FEDERAL ID NUMBER
2. IT IS OUR REQUIREMENT THAT A BUSINESS SHOULD PURCHASE AT LEAST \$1000 WORTH OF PRODUCT PER YEAR. BUSINESSES THAT PURCHASE LESS THAN \$1000 WILL BE REVIEWED AND MAY NOT BE ELIGIBLE TO ORDER THE FOLLOWING YEAR.

*Please complete this application **ONLY** if you meet all the above qualifications.*

If you have any questions while completing this form, please do not hesitate to call us at 512-614-2012 Ext. 2002. Thank you!

- Complete all requested information. Incomplete applications will not be processed. Include a working fax number or email for your references. Please print or type legibly.
- You may attach your own credit sheet and write "See Attached" on our application, but we still require that an authorized person sign our copy of the Exemption Certificate. APPLICATIONS SENT WITHOUT A COMPLETED CERTIFICATE OF EXEMPTION (SALES TAX FORM) WILL NOT BE PROCESSED.

Ann Webb values and appreciates your continued business. Should you have any questions, please let us know and we will be happy to assist you. Thank you for your cooperation and understanding.

Sincerely,

*Ann Webb*



**ANN WEBB**  
Skincare

11701 Jollyville Rd #107, Austin, TX 78759  
Email: orders@awskinclinic.com  
Phone: 512-614-4012

# Application for Wholesale Account

## -Personal Guarantee-

I (We), \_\_\_\_\_ (Company Name)  
and \_\_\_\_\_ (Individual Name)

certify that the information in the application is correct. I authorize you to contact my credit references to obtain credit information. All NSF checks are subject to a \$25.00 service charge each time returned. I agree to notify Ann Webb if any change of ownership occurs or if any other major change occurs in the way I conduct my business. I have printed a copy of this document and I understand its contents.

The undersigned, being an owner or stockholder of the above business, hereby agrees to pay any indebtedness by this business to Ann Webb from who this business may purchase merchandise in the future. The undersigned also agrees to pay all attorney fees, court costs, collection costs, and all other expenses which may be incurred in collecting past due balances and insufficient funds check(s), as permitted by law.

Signature #1: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Signature #2: \_\_\_\_\_ Print Name: \_\_\_\_\_

## -Blanket Certificate of Exemption-

(Sales Tax Form)

**\*\*This must be filled out or your application will not be processed\*\***

The undersigned hereby certifies that the articles of tangible property purchased from Ann Webb after \_\_\_\_\_ (date) shall be purchased for:  
(Purchaser must state statutory reason for claiming exemption or exception)

- Resale in the form in which the same is, or is to be received
- Manufacturing
- Church or Organization not-for-profit, operated exclusively for charitable purposes in this state
- Other (please specify): \_\_\_\_\_

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above name vendor unless the order specifies otherwise.

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_



**ANN WEBB**  
Skincare

# Application for Wholesale Account

11701 Jollyville Rd #107, Austin, TX 78759  
Email: orders@awskinclinic.com  
Phone: 512-614-4012

\*Ann Webb does not offer payment terms at this time\*\*

Business Name: \_\_\_\_\_ Federal ID / Sales Tax#: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\* If your shipping address is not the address of your business please include the business address in the comments\*\***

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Date of Ownership \_\_\_\_\_ Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Authorized Buyers:**

These are the **ONLY** people that we can give information to, or accept orders from on your account. This is for your protection.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**LIST ALL OWNERS:** If you are applying for terms you must include the owner's home information or terms cannot be granted

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

ADVERTISEMENT  TRADE SHOW  EMAIL  WEB SEARCH  OTHER: \_\_\_\_\_

**Have you ever had an account with us before?**  YES  NO

Current Account Name: \_\_\_\_\_

When?  1 Year ago  2 Years ago  3 or more years ago



11701 Jollyville Rd #107, Austin, TX 78759  
Email: orders@awskinclinic.com  
Phone: 512-614-4012

**Please tell us a little about your business**

Is your business a:     Proprietorship     Partnership     Corporation     LLC

Location:     Mall/Shopping Center     Business District     Rural     Residence     Other

If "other" please specify: \_\_\_\_\_

Type:     Salon     Spa     School     Other

If "other" please specify: \_\_\_\_\_

**TRADE REFERENCE:**

List three companies (public utilities, banks, and credit cards companies do not count) currently extending your credit on an open account. Email and fax numbers are very important, as most companies do not give credit references over the phone. All information given to Ann Webb is kept confidential other than contacting your bank and references.

Company: \_\_\_\_\_ Acct#: \_\_\_\_\_ How long: \_\_\_\_\_ YRS/MONTHS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\* REQUIRED INFORMATION\*** Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Acct#: \_\_\_\_\_ How long: \_\_\_\_\_ YRS/MONTHS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\* REQUIRED INFORMATION\*** Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Acct#: \_\_\_\_\_ How long: \_\_\_\_\_ YRS/MONTHS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\* REQUIRED INFORMATION\*** Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\* If your business location is not the same as your shipping location please list that address below\*\***

Comments/Questions: \_\_\_\_\_