



## Wholesale Application Form

Tel: **909-606-0503**    [info@immaculateleaf.com](mailto:info@immaculateleaf.com)

Your Company Name:
Your Name:
Type of Business:
Primary Contact & Billing Information:
Name
Address
City, State, Zip
Ship to Same Address? <input type="checkbox"/> Yes <input type="checkbox"/> No:
(if no, address information)
State Tax ID#:
(State Tax ID is requested to set-up a wholesale account)
E-Mail Address:
Phone Number:
Website:

### DELIVERY TIME:

Once confirmation of payment is received, shipment will take 1-2 weeks delivery.