



Regenepure

Let the Regeneration Begin.

Wholesale Account Application

Date: Click here to enter a date.

Business Name: Click here to enter business name.

Business/Billing Address: Click here to enter address.

City/State/Zip: Click here to enter city/state/zip.

Business Phone: Click here to enter phone.

Business Fax: Click here to enter fax.

Business Email: Click here to enter email.

Business Owner Name: Click here to enter name.

CONTACT INFORMATION *(Please check all roles that apply per contact)*

Contact 1: Buyer Billing/Accounts Payable Mailings/Catalog

Name: Click here to enter name.

Email: Click here to enter email.

Phone: Click here to enter phone.

Fax: Click here to enter fax.

Address: Click here to enter address.

City/State/Zip: Click here to enter city/state/zip.

Contact 2: Buyer Billing/Accounts Payable Mailings/Catalog

Name: Click here to enter name.

Email: Click here to enter email.

Phone: Click here to enter phone.

Fax: Click here to enter fax.

Address: Click here to enter address.

City/State/Zip: Click here to enter city/state/zip.

Contact 3: Buyer Billing/Accounts Payable Mailings/Catalog

Name: Click here to enter name.

Email: Click here to enter email.

Phone: Click here to enter phone.

Fax: Click here to enter fax.

Address: Click here to enter address.

City/State/Zip: Click here to enter city/state/zip.

SHIPPING INFORMATION

Shipping Contact Name: [Click here to enter name.](#)

Email: [Click here to enter name.](#)

Company Store Name: [Click here to enter company name.](#)

Phone: [Click here to enter name.](#)

Fax: [Click here to enter name.](#)

Address: [Click here to enter name.](#)

City/State/Zip: [Click here to enter name.](#)

Customer is solely responsible for all shipping charges. If you do not declare an account, shipping fees shall be added to your invoice.

Account Type: Small Packages Freight: Company (UPS, FedEx, etc.): [Click here to enter name.](#)

Account Number: [Click here to enter account number.](#)

Associated Zip Code: [Click here to enter zip.](#)

Who pays for shipping? Wholesaler:

Vendor:

Shipping Instructions:

Order Information: Ship Complete Partial No Back Orders

TRADE REFERENCES: *(Please provide 3 references. If you do not have 3, please explain why.)*

Reference Name: [Click here to enter name.](#)

Contact: [Click here to enter name.](#)

Phone: [Click here to enter name.](#)

Fax: [Click here to enter name.](#)

Address: [Click here to enter name.](#)

City/State/Zip: [Click here to enter name.](#)

Email: [Click here to enter email.](#)

Account Number: [Click here to enter acct. number.](#)

Reference Name: [Click here to enter name.](#)

Contact: [Click here to enter name.](#)

Phone: [Click here to enter name.](#)

Fax: [Click here to enter name.](#)

Address: [Click here to enter name.](#)

City/State/Zip: [Click here to enter name.](#)

Email: [Click here to enter email.](#)

Account Number: [Click here to enter acct. number.](#)

Reference Name: [Click here to enter name.](#)

Contact: [Click here to enter name.](#)

Phone: [Click here to enter name.](#)

Fax: [Click here to enter name.](#)

Address: [Click here to enter name.](#)

City/State/Zip: [Click here to enter name.](#)

Email: [Click here to enter email.](#)

Account Number: [Click here to enter acct. number.](#)

State Resale #: Click here to enter resale #.(Please attach a copy of your State Resale Certificate)

How long has your company been in business? Click here to enter years.

Other product lines you sell: Other products.

Places of Sale

Do you sell products in a Brick & Mortar store? Yes No

Brick & Mortar:

Store Address: Click here to address.

City/State/Zip: Click here to enter city/state/zip.

Store Phone: Click here to enter phone.

Store Fax: Click here to enter fax.

Is this available to the public? Yes No

***** In order for your application to be approved, you must provide evidence of your brick & mortar location.**

Image of Store (Street View): Click here to photo URL.

Image of Store (Interior): Click here to photo URL.

If you do not have a URL to these photos, please send them as attachments to wholesale@regenepure.com

Online:

Do you sell products online? Yes No

Note: We no longer allow selling on Amazon.

URLs to Storefronts:

Website #1: Click here to enter URL.

Website #2: Click here to enter URL.

Website #3: Click here to enter URL.

EBay Seller Name: Click here to enter seller name.

Payment Information

Form of Payment Check Wire Credit Card

Type of Card MasterCard Visa AMEX *Note: 4% Transaction Fee applies for AMEX*

Credit Card on File [Click here to enter](#)

Credit Card Holder's Name [Click here to enter name](#)

Credit Card Number [Click here to enter #](#) Expiration [Click here to enter](#)

Security Code [Click here to enter](#) Billing Address [Click here to enter](#)

All payments are due prior to shipment of products.

For payments via WIRE, please contact wholesale@regenepure.com to request for wire payment information

Terms and Conditions

All sales are final and non-cancellable. Title to the merchandise affected by this contract remains vested in seller under all rights of a conditional bill of sale until paid in full. All bills are payable and due in accordance with the Terms hereon indicated. All claims for a shortage or breakage/ damage must be made within seven (7) days after receipt of goods. Merchandise is non-returnable. This agreement is governed by Florida law. Jurisdiction and Venue regarding this agreement shall be made in Miami-Dade Florida. Remedies for breach of this agreement are limited to actual monetary damages. The purchaser specifically waives any right to claim consequential damages or specific performance.

Deposits made on sales order constitutes the customer's commitment and are non-refundable.

By signing below, I agree to abide by Salonceuticals' terms and conditions.

MAP and FBA Agreement

By signing below, I agree to abide by the listed Minimum Advertised Price (MAP) policy. I also agree not to utilize the Fulfillment by Amazon (FBA) program.

Print Name and Signature

Date

PLEASE EMAIL OR FAX ALL PAGES OF THIS FORM & COPY OF RESALE CERTIFICATE TO THE ATTENTION OF ACCOUNT MANAGER AT:

wholesale@regenepure.com OR 305.675.7621

REGENEPURE | SALONCEUTICALS 3148 W PEMBROKE RD HALLANDALE, FL 33009