

Imbue Botanicals

Wholesaler Registration Form & Agreement for American Pharmacies

Please fill out the following information to register your store or sales location. All information is required. Please submit to your Sales Representative, fax to 844-864-6283, or scan and email to support@imbuebotanicals.com

Sales Representative: _____ Group Affiliation if Applicable: _____

Store Information: Tax ID/EIN: _____

Store Name: _____

Type of Store: _____

Store Phone Number: _____

Store Address: _____

Primary Contact: _____

Contact Phone (if different): _____

Contact Email: _____

Shipping Information (if different) :

Name: _____

Address: _____

Phone: _____

Billing Information (if different) :

Name: _____

Address: _____

Phone: _____

Email: _____

May we list you on our website as a place to purchase our products for those looking for an "in-person" purchase?

_____ Yes _____ Not at this time

What marketing material do you typically use?

_____ Posters

_____ Trifold Brochures

_____ Rack Cards

_____ Bag Stuffers

_____ QR Chart (Medical Prof. Only)

_____ Manual (Medical Prof. Only)

_____ Door Sign

_____ Display Backdrop

What is your preferred method of payment?

_____ MasterCard, Visa, American Express or Discover - Call 844-864-6283 ext. 0 to make payments or attach Credit Authorization Form

_____ Net 30. Payment must be received no later than 30 days from receipt. Must be paid by **check or money order**. (see item 1 below).

Size in inches-width x height: _____

1) Payment in U.S. dollars shall be made by CUSTOMER Thirty (30) days from the date of delivery to CUSTOMER'S designated Retail location or warehouse. CUSTOMER agrees to pay amounts invoiced for Products without offset unless there is a prior-approved deduction. If CUSTOMER fails to pay any amount when due, CUSTOMER agrees to pay all costs and expenses, including without limitation reasonable attorney's fees, incurred by IMBUE BOTANICALS in collecting such overdue amounts, together with interest on such unpaid amount at the lesser of one and one-half percent (1-1/2%) per month or the greatest amount permitted by applicable law. IMBUE BOTANICALS reserves the right at any time after CUSTOMER fails to make any payment within ninety (90) days after the invoice date, to require pre-payment for all Products delivered hereafter. Further, Customer agrees to keep an active credit card on file with IMBUE BOTANICALS throughout this agreement and authorizes IMBUE BOTANICALS to charge said credit card for the amount(s) outstanding plus 7.7% handling fee in the event the CUSTOMER is more than ninety (90) days past the invoice date.

I have read and agree to the terms outlined here: _____