

# Cassie Green Health wholesale account form

Complete and email to [hello@cassiegreenhealth.com](mailto:hello@cassiegreenhealth.com)

| Customer Info            |                                              |  |                        |
|--------------------------|----------------------------------------------|--|------------------------|
| Customer Name            |                                              |  |                        |
| Street Address           |                                              |  |                        |
| City, State, Zip         |                                              |  |                        |
| Business Phone           |                                              |  |                        |
| <b>Bill To Address:</b>  |                                              |  | <b>Ship To Address</b> |
| Street Address           |                                              |  |                        |
| City, State, Zip         |                                              |  |                        |
| Receiving Days/Hours     |                                              |  |                        |
| Primary customer contact |                                              |  |                        |
| <b>Buyer Name</b>        |                                              |  |                        |
| Phone                    |                                              |  |                        |
| Email Address            |                                              |  |                        |
| Accounts Payable         |                                              |  |                        |
| AP Contact               |                                              |  |                        |
| Phone                    |                                              |  |                        |
| Email Address            |                                              |  |                        |
| Payment Terms            | 1 <sup>st</sup> order COD, thereafter Net 15 |  |                        |
| Notes                    |                                              |  |                        |
| <hr/>                    |                                              |  |                        |
| Internal Info            |                                              |  |                        |
| Sales person             |                                              |  |                        |
|                          |                                              |  |                        |
| Email                    |                                              |  |                        |
| Cell Phone               |                                              |  |                        |
|                          |                                              |  |                        |
|                          |                                              |  |                        |
| Completed by:            |                                              |  |                        |
| Entered into CRM by:     |                                              |  |                        |
| Scanned to file by:      |                                              |  |                        |