THE GREEN LEAF RELIEF

Wholesale Customer Application

Thank you for your interest in becoming a wholesale partner. Please complete all applicable information below.

Business Information

Business Name: _____

DBA (if different): _____

Business Type: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Website: _____ Social Media: _____

Primary Contact

Name: _____ Title: _____

Phone: _____ Email: _____

Billing Information

Billing Address (if different): _____

City: _____ State: _____ ZIP: _____

Accounts Payable Contact: _____

AP Email: _____

Business Details

Federal Tax ID (EIN): _____

Sales Tax ID / Resale Certificate #: _____

Years in Business: _____ Number of Locations: _____

Do you currently sell hemp products? Yes / No

Current brands carried: _____

Products of Interest

Gummies / Flower / Pre-Rolls / Disposable Vapes / Cartridges

Tinctures / Drinks / Syrups / Topicals / Pet Products / Accessories / Other

Estimated Monthly Order: Under $500 / $500-$1,000 / $1,000-$2,500 / $2,500-$5,000 / $5,000+

Shipping Information

Shipping Contact: _____

Shipping Address: _____

City: _____ State: _____ ZIP: _____

Receiving Hours: _____

Agreement

I certify that the information provided is accurate and that my business is authorized to purchase hemp-derived products where permitted by law. The Green Leaf Relief reserves the right to approve or deny any wholesale account.

Representative Name: _____

Signature: _____ Date: _____

Office Use Only

Wholesale Account #: _____ Sales Representative: _____

Approved By: _____ Date Approved: _____

Customer Tier: Standard / Silver / Gold / Platinum

Terms: COD / Net 15 / Net 30

Notes: _____

READY TO BECOME A WHOLESALE PARTNER?

Please submit your completed application to:
Infotglrlife@gmail.com