



1840 Enterprise Dr Rochester Hills, MI 48309 Ph:800-621-5496 F:248-284-4137 wholesale@alevahealth.com

WHOLESALE ACCOUNT APPLICATION

In order to create a wholesale account with us, please fax over the Wholesale Application, Wholesale Credit Application and one the following (required to ensure our transactions with your company comply with federal, state and local tax regulations) to us at 248-284-4137: Certificate of Resale, OR Retail Sales license containing Tax ID number OR Completed Tax Exempt Form (if your company is eligible).

Business Name: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different): _____

City: _____ State: _____ Zip Code: _____

If shipping address is different than billing address, please specify why:

Business Phone: _____ Fax: _____

Name of Business Owner: _____

Primary Purchasing Contact: _____

Title: _____ Phone Number: _____

Email address: _____

Alternate Contact: _____

Is this business: _____ New _____ Existing _____ Years in Business

Does your business have a web page? _____ Yes _____ No

Web Address: _____

I have read and I AGREE to the Wholesale Terms and Conditions from Aleva Health. My signature below shall evidence my acceptance of all applicable terms and conditions, and verifies the above information to be true and accurate.

Signature: _____ Date: _____

Name (Please print): _____ Title: _____