



WHOLESALE APPLICATION

Legal Business Name _____

Legal Business Owner Name _____

DBA (If applicable) _____

Phone Number _____

Company Website _____

Company Email _____

In Business Since (MM/DD/YYYY) _____

Vendor License/Resale # _____

Business Type

CrossFit or HIIT

Gym

Corporate or medical office

Professional or amateur sports team

Yoga/Pilates/Barre

Juice/Coffee/Tea bar

Grocery/Natural/Specialty store

Health and Wellness Practice/Spa

Spin/Cycling

Other

Business Address _____

Street, City, State ZIP

Shipping Address _____

Street, City, State ZIP

Special instructions for delivery _____

Is your business tax exempt? Yes No

How did you hear about us?

Web search

Facebook

Instagram

Community event

Gym or studio

Word of mouth

Grocery

Other

Please send your completed application to info@viciproteinballs.com.