



Application for Wholesale Account Instructions

1809 100th Street, New Richmond, WI 54017
715 246.9595 www.KelleyPureEssentialOils.com

Thank you for your interest in establishing a wholesale account with Kelley Pure Essential Oils. We receive numerous requests wanting to purchase products at wholesale prices; therefore, in order to protect the integrity of our valued customers, we have established the following parameters for opening new accounts:

Business Account – This is a business that resells essential oils to their customers.

- This account has 40% off on all products except 20% off Bottles and Things.
- You must have a storefront or commercial location outside of your home.
- A tax number or Federal ID number
- A business Telephone.
- I ask that you order at least 2 of each product in the 10ml category.
- Have created a customer account on the website.

Practitioner Account – You use essential oils in your practice but don't resell them.

(This is the main reason why Kelley Oils started... is to supply a licensed health care professional with healing oils to use in your practice.)

- This account has 20% off all products
- You must have a professional license.
- A business that relates to the products you wish to purchase.
- Have created a customer account on the website.

Please complete this application ONLY if you meet the above qualifications.

Email or send the completed forms and copies to:

info@KelleyPureEssentialOils.com or

Kelley Pure Essential Oils

1809 100th St, New Richmond, WI 54017

I don't have a purchase requirements, as each Business | Practitioner have different needs, clients and customers. Again, I want you to share the wonderful benefits of essential oils with your clients or customers and Kelley Oils wants to make this easy for you.

Check list

- ☐ Application filled out
- ☐ Website customer registration (Please give Kelley Oils 24 hours to switch your account)
- ☐ Completed Certificate of Exemption (Sales Tax Form)
- ☐ Copy of your Professional License
- ☐ And/or Copy of your State Business License

Kelley Pure Essential Oils values and appreciates your continued business. Should you have any questions, please let us know and we will be happy to assist you. Thank you for your cooperation and understanding.



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Kelley Pure Essential Oils Discount Application				
The undersigned is applying for a Business or Practitioner Account with Kelley Pure Essential Oils and agrees to abide by the conditions of the Company's standard contract.				
<input type="checkbox"/> Business Account <input type="checkbox"/> Practitioner Account (please choose one)				
Company Information				
Company Name				
Company Address				
City/State/Zip				
Telephone		Fax		
Website				
Type of Business				
Federal Tax ID or Social Security #		Professional License #		
Contact Information				
Name of Principle Owner, Partner or Officer			Title	
Email		Phone		
Purchasing Contact				
Email		Phone		
Other persons authorized to act on your behalf				
The information listed in this application will be used solely for the purpose of establishing a wholesale account. This information will be held in strict confidence. It is the essence of this Wholesale Application that the information contained herein is true and correct. Kelley Pure Essential Oils relies upon the accuracy of this document. I agree to inform Kelley Pure Essential Oils within 10 days at the address above of any changes to our company name, ownership or business status				
I have read the conditions stated above and agree to all of those conditions.				
Name of Company				
Authorized Signature				
Printed Name				
Title		Date		



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SALES AND USE TAX EXEMPTION CERTIFICATE

Check One ☐ Single Purchase ☐ Continuous

Name of purchaser: _____

Purchaser's Business Name	Purchaser's Address
Purchaser's Email Address	Purchaser's Phone Number

The above purchaser, claims exemption from state, county, or use tax on the purchase of tangible personal property or taxable services.

I hereby certify that I am engaged in the business of selling or providing services:

(Description of Property or Services Sold by Purchaser)

General description of property or services purchased; pure essential oils and accessories.

Seller's Name Kelley Pure Essential Oils	Seller's Address 1809 100 th Street New Richmond, WI 54017
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Purchaser's seller's permit or use tax certificate number if available; _____

I hereby certify that if the item(s) being purchased are not used in an exempt manner, I will remit use tax on the purchase price at the time of first taxable use. I understand that failure to remit the use tax may result in a future liability that may include tax, interest, and penalty.

Signature of Purchaser	Print or Type Name	Title	Date