

New Customer Application

Thank you for choosing to offer Florere products to your customers. To request account set-up, please submit this completed application including resale id# and e-mail. (Submission of application does not guarantee approval.)

Resale ID # (required)

E-Mail Address (required)

Please send all info to:

Florere, Inc. PO Box 3253 Winnetka CA 91396

or

wholesale@florere.com

or

Fax: 818-709-1341

Store Name: _____

Billing Address 1: _____

Billing Address 2: _____

Shipping Address 1: _____

Shipping Address 2: _____

City, State, Zip: _____

ACCOUNT INFORMATION

Website: _____

Phone: _____ Fax: _____

A/P Contact: _____

A/P Phone: _____

Thank you for choosing Florere natural products. We truly appreciate your business.



HOLISTIC SKINCARE