

# MIRACLE LABS

## WHOLESALE APPLICATION & PRODUCT INQUIRY

Thank you for your interest in becoming a Miracle Labs wholesale partner. Please complete all applicable sections below. Once submitted, our team will review your information and provide product availability, pricing, and wholesale terms.

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Website: \_\_\_\_\_

Social Media Accounts: \_\_\_\_\_

Business Address: \_\_\_\_\_

Resale Certificate/Tax ID (if applicable): \_\_\_\_\_

### PRODUCTS OF INTEREST

Please list the products and quantities you are interested in purchasing.

1. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

2. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

3. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

4. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

5. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

6. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

7. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

8. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

9. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

10. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

11. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

12. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

13. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

14. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

15. Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

### ORDER DETAILS

Expected Order Frequency: \_\_\_\_\_

Estimated Monthly Volume: \_\_\_\_\_

Target Customer Base: \_\_\_\_\_

Shipping Destination: \_\_\_\_\_

## **ADDITIONAL QUESTIONS OR COMMENTS**

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_