



WHOLESALE ENQUIRY FORM



Certified Organic Skincare

*14 day terms. Payment accepted by credit card, direct deposit or cheque.
 Credit Cards Accepted: Visa, MasterCard, Bankcard.
 Direct deposits to BSB 086 595 A/C 48 023 7532.*

Instructions for filling in form:

1. You may fill in this form by hand and fax or post it to us, or you can fill it in on your computer and email it to us.
2. If you have trouble printing this form with the correct page layout please request a PDF file or a hard copy.
3. If filling in the form electronically, you can use the tab key to move forwards (shift-tab to move backwards) through the fields to be filled in, and your mouse to check the business type option buttons and to enter your ABN.

Business Name:		Enquiry Date:									
Australian Business Number (ABN):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>										
Street Address 1:											
Street Address 2:											
Suburb/Town:											
State/City:											
Country:		Post Code:									
Business Type (select 1 or more):	<input type="checkbox"/> Retail Outlet <input type="checkbox"/> Health Practitioner <input type="checkbox"/> Beauty Therapist <input type="checkbox"/> Salon/Spa										
Contact Name:											
Telephone:		Facsimile:									
Email Address:		Website Address:									

NATURE OF YOUR ENQUIRY: