



WHOLESALE ACCOUNT APPLICATION

Please fill in the following form.

BUSINESS INFORMATION / CONTACT

Business / Company Name : _____ **Tax Number :** _____

Email Address : _____ **Job Title :** _____

BILLING INFORMATION

First Name : _____ **Last Name :** _____

Address : _____

City : _____

State / Province : _____

Country : _____ **Zip / Postal Code :** _____

Telephone Number : _____ (Area Code + number)

Fax Number : _____ (Area Code + number)

SHIPPING INFORMATION

[] Check here if shipping address is the same as billing address.

First Name : _____ **Last Name :** _____

Address : _____

City : _____

State / Province : _____

Country : _____ **Zip / Postal Code :** _____

Telephone Number : _____ (Area Code + number)

Fax Number : _____ (Area Code + number)

In order to process your request to become a **Wholesale purchaser** of Seeds Of Light, Inc., you must sign below. Your signature is verification that you have read the terms and conditions provided on the website, www.DreamSeeds.com, and agree to these terms and that the above information you provided is true and correct. It also authorizes the release of banking and credit information necessary for this application with Dreamseeds/Seeds of Light, Inc.

Signature : _____ **Date :** _____