



Skinutrients Wholesale Customer Order Form

Business Name: _____

Owner's Name: _____

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Type of Business:

Salon/Spa Physician's Office Retail Store Other: _____

Sales Agreement: No retailer/reseller may sell Accunatural for less than the retail price of \$29.95/bottle or \$59.95/3 bottles. Sign here to agree: _____
 Skinutrients, LLC reserves the right to refuse future sales to retailers/resellers who violate this agreement.

Wholesale price \$14.95 per bottle minimum 6 bottles

72 or more bottles \$10 per bottle

QTY (bottles)	ITEM	PRICE	TOTAL
	ACCUNATURAL	X	=
	SHIPPING	included	

TOTAL ENCLOSED: \$ _____.

PAYMENT:

Check Card (type): VISA/MC AMEX Card No. _____

(Make Checks Payable to: SKINUTRIENTS, LLC)

Name on Card: _____ **EXP.** ____ / ____

Billing Address on Card if Different From Above: **Security Code:** _____

PLEASE ENCLOSE OR FAX A COPY OF YOUR STATE SALES TAX CERTIFICATE
FAX ORDER TO: 407 566 1621 OR MAIL TO PO BOX 470026 CELEBRATION, FL 34747
PHONE: 1-877-DERMTAB

nature + science + dermatology