



Singing Brook Farm  
99 Harvey Road, Worthington, MA 01098  
(413) 238-4268 ~ Fax: (413) 238-5978  
info@wiseways.com

## **Wholesale Buyer Agreement**

Wholesale accounts are granted at the discretion of WiseWays Herbals and only to retail stores with verifiable state resale numbers and health care professionals. Your credit references, Federal EIN and/or state tax ID must be supplied before a wholesale account will be considered. Sales of our products on any third party websites (Amazon.com, eBay.com, etc.) are strictly prohibited unless given written permission by WiseWays Herbals.

MAP Policy: WiseWays Herbals requires all authorized sellers to agree not to advertise or resell WiseWays Herbals products below our manufacturer's minimum advertised pricing. MAP pricing (Retail) is listed on our wholesale order form/price list.

Wholesale customers agree to never sell expired or damaged products.

Minimum Order: WiseWays Herbals minimum wholesale order is \$55. If your order is under \$55, a minimum order fee of \$5 will be applied.

Shipping: Order processing time is typically 2-3 business days for in stock items. Shipping costs are calculated based on weight and method of shipping, with a \$6 minimum.

Payment: We currently accept the following credit cards: Visa, MasterCard, American Express & Discover. Wholesale orders are prepaid before shipment or invoiced for accounts who have been approved for credit. A separate credit application is available upon request.

Wholesale customers are encouraged to submit orders by email or fax using our wholesale order form. Emails should be addressed to info@wiseways.com and faxes sent to (413) 238-5978

Please sign & return the attached application to be considered for a wholesale account with WiseWays Herbals.



Singing Brook Farm  
 99 Harvey Road, Worthington, MA 01098  
 (413) 238-4268 ~ Fax: (413) 238-5978  
 info@wiseways.com

**Application**

<b>Company Name:</b>		
<b>Business Website:</b>		
<b>Date:</b>		
<b>Contact Name:</b>		
<b>Federal EIN:</b>		<b>Resale permit #:</b>
<b>Email Address:</b>		
<b>Shipping Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Business phone:</b>	<b>Fax:</b>	
<b>Nature of business or practice:</b>		
<b>Is this location a clinic, a retail store or other? Explain...</b>		
<b>How long have you been in business?</b>		
<b>Provide company name and contact for your existing wholesale supplier:</b>		
<b>Supplier phone number:</b>		
<b>Where will our products be sold (please list all sites):</b>		

Customers are always looking for a store that carries our products in their area. Please check here to be listed on our website. \_\_\_\_\_

By submitting this application you are agreeing to the terms set forth in WiseWays Herbals wholesale buyer agreement.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date