

Reseller application

01 / 02

Thank you for your interest in carrying preB. Please complete this application and the resale certificate on the following page, then email the completed document to info@prebhealth.com.

01 BUSINESS INFORMATION

COMPANY / LEGAL BUSINESS NAME

BUSINESS ADDRESS

CITY

STATE / PROVINCE

POSTAL CODE

COUNTRY

DATE

02 PRIMARY CONTACT

CONTACT NAME

TITLE / ROLE

TELEPHONE

EMAIL ADDRESS

RETURN YOUR COMPLETED APPLICATION

Email both pages to info@prebhealth.com. For questions, call 424-328-0063.

Resale certificate

02 / 02

To be completed and signed by the purchaser or an authorized agent.

NAME OF PURCHASER

ADDRESS OF PURCHASER

RESELLER PERMIT NUMBER

STATE ISSUING PERMIT

BUSINESS OF SELLING

PURCHASER CERTIFICATION

I HEREBY CERTIFY: That I hold the valid reseller permit number and am engaged in the business of selling as indicated above, issued pursuant to the Sales and Use Tax Law in the state indicated above; and that the tangible personal property described herein which I shall purchase from Brazil Products Company will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.

DESCRIPTION OF PROPERTY TO BE PURCHASED

Pre-biotic Foods and Supplements

SIGNATURE OF PURCHASER OR AUTHORIZED AGENT

PRINTED NAME

TITLE

DATE

TELEPHONE

EMAIL ADDRESS

BRAZIL PRODUCTS COMPANY · preB

2390 Crenshaw Blvd. #813 · Torrance, CA 90501
424-328-0063 · info@prebhealth.com

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