

# ESSENTIALITIES® SUPPLIER APPLICATION

If you are interested in becoming a Supplier,  
please fill in form and return,  
via email: [sande@essentialitiespts.com](mailto:sande@essentialitiespts.com);  
Fax: 580-350-6295

## SUPPLIER INFORMATION

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Applicant Company Information

Company: \_\_\_\_\_ Role/ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Suite/Box #

City State ZIP Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Are you qualified to make decisions for the Company? YES / NO / ADMINISTRATIVE / LIMITED  
circle one

What products does your company provide? (e.g., Skincare, Personal Care, Hair etc.,)



1. What is your Full Product Line:

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2. Can you provide a Liability Insurance Certificate? YES / NO

3. What is your Monthly Sales Volume? \_\_\_\_\_

4. Minimum Purchase amount? \_\_\_\_\_

5. Do you offer volume discount(s)? \_\_\_\_\_

6. What are your payment terms? \_\_\_\_\_

7. Who are your customers? \_\_\_\_\_

8. Do you offer support or warranty guarantee after purchase? YES / NO

9. List Trade References and other affiliations.

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We look forward to building a successful and prosperous relationship with you.  
Please take a moment a share your goals in building a collaborative partnership with ESS®

