

# Earthing Oz

## Earthing Products Wholesale Application Form

Thank you for your inquiry about reselling Earthing Products.

Kindly print this form out, fill in, sign and send back with accompanying documents to:

Email: admin@earthingoz.com.au

Post : 32 Bangaroo St, North Balgowlah, NSW, 2093

Phone: 1300 832 326 ABN: 21807592529

Wholesale Prices are based on the Earthing Oz Wholesale and Dropship Pricelist. Prices may be subject to change at short notice. A minimum order amount of \$350.00 (wholesale value) per order will apply, excluding BluShield products. A yearly minimum spend of \$3,000 is required to maintain Wholesale status. Additional shipping on wholesale orders will be at cost. All orders will be on a CASH only basis – no credit will be given. Full details will be sent on approval of application. Access to our online wholesalers' area and wholesale online ordering will be emailed to you on approval of application. An affiliate link is available for those this application does not pertain to.

**Please note:** We require that all wholesale customers have a good understanding of Earthing and that they have personally used Earthing products prior to placing their first wholesale order. To facilitate this, first time wholesale applicants need to order one of our Earthing Starter Kits (Regular, Premium, Queen or King) at full retail price. Once you have read the Earthing book, tried the products yourself, and been approved for a wholesale account, wholesale pricing will apply to your second and subsequent orders. The same applies for BluShield products, you must have purchased one for yourself before you qualify for wholesale pricing. Purchases of 5 BluShield devices or more will qualify for 30% discount, and under this quantity a 20% discount will apply.

**Please note:** Applicants are hereby advised that it will not be permitted for you to create a dedicated website to sell these Earthing Products, however, you will be permitted to sell these products through your existing website as an additional product line. By filling in this form and signing you are hereby accepting these terms.

Full Name:

Full Name of Business:

Trading As:

ABN:

Business Address:

City:

State:

Post code:

**Delivery Address:**

City:

State:

Postcode:

Phone:

Mobile:

Fax:

Email:

Website:

Briefly Describe the Nature of your business:

How did you learn about Earthing products?	
How long have you personally used Earthing products?	
Please check each item that is applicable to your business:	
<input type="checkbox"/> Retail storefront <input type="checkbox"/> Walk-in-clientele <input type="checkbox"/> Clinic/Consultation <input type="checkbox"/> Hobby/Home Based <input type="checkbox"/> Online/Website sales	<input type="checkbox"/> Sell on eBay/Amazon <input type="checkbox"/> Sell at special event locations <input type="checkbox"/> Sell to my affiliates, who will then resell <input type="checkbox"/> Other: _____
Have you read the book "Earthing: The Greatest Health Discovery Ever?" ?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your understanding of Earthing:	
What do you anticipate your monthly purchase volume of Earthing products to be? \$	
What products are you most interested in?	
<input type="checkbox"/> Earthing ½ Sheets <input type="checkbox"/> Earthing Fitted Sheets <input type="checkbox"/> Cotton Throws <input type="checkbox"/> Plush Pads <input type="checkbox"/> Universal Mat <input type="checkbox"/> Earthing Book <input type="checkbox"/> Body Band Kits <input type="checkbox"/> Patches Kit <input type="checkbox"/> Car Seat Pads <input type="checkbox"/> Socket Tester s <input type="checkbox"/> Product Testers <input type="checkbox"/> EMF Meters <input type="checkbox"/> Radiation Protection Products	
Do you agree to sell direct to your clients and not use resources such as Amazon.com, eBay and other third party websites?	
Do you agree <b>NOT</b> to make health claims about Earthing Products except for your personal experiences?	
If you would like to provide additional comments to help us evaluate your application please do so in the space provided.	
Name:	Position:
Signature:	Date:
<i>Please note this application can only be signed by the Proprietors, Partners, Directors and Secretary</i>	
Please send this form back with a copy of your Business Registration Certificate <input type="checkbox"/>	

Office use only. This application has been accepted:

Date:	Name:
-------	-------