

# Wholesale Customer

## Personal Information

\*Primary First Name:

\*Primary Last Name:

Co-App First Name:

Co-App Last Name:

\*Address:

(line 2):

\*City:

\*State:

\*Zip or Postal Code:

Country:

\*Time Zone:

\* Preferred Language:

## Shipping Address

My shipping address is the same as my mailing address

\*Address:

(line 2):

\*City:

\*State:

\*Zip or Postal Code:

Country:

## Contact Information

\*Evening Phone:

Day Phone:

Cell Phone:

Fax:

\*Email:

\*Birth Date:

Must be 18 years old

## Please Enter Your Sponsor ID

\*Enroller ID:  No Enroller ID? [About Placement](#)

Sponsor ID:  Leave blank if same as enroller

Enroller Name:





## Create A Password

\*Enter Password:

\*Re-Enter Password:

This password enables you to login, shop, and manage your dōTERRA account.

Password must have:

-  8 to 15 letters and numbers
-  at least 1 Capital Letter
-  at least 1 Lower Case Letter
-  at least 1 Number

## Credit Card

Card Name:

Expiration Month:

Expiration Year:

Card Number:  -  -  -

CVV2 Data:

CVV2 Data: The last 3 digits on the back of your credit card above the signature.

- I agree that the information on this page is voluntarily given by me and that I am under no obligation what-so-ever to dōTERRA. This form will get me started in becoming a "wholesale customer". That is all that is required of me. There's no time limits involved or monthly order requirements. I purchase product whenever I need or want to. I'll get my own shopping portal to make my wholesale purchases. I will also get points for every dollar I spend, and those accumulated points can be used for product purchases. Should I at anytime want to be involved with the company (dōTERRA) at another level, let's say a "Wellness Advocate", Shyron will be glad to talk to me about that. But only at my request.
- Please put your initials in this box. ----->