Gaiam Pro

Wholesale Application Form

Fill-Out form below - Fax form into our office FAX TO - 800.456.1139 In order for you to receive wholesale pricing, we will need the following information ...

***Available to qualified customers only.

| Company Name: | |
|--|--|
| | Do you currently sell our products? (circle) |
| | YES / NO |
| Billing Address: | Shipping Address: |
| | |
| Street: | Street: |
| | |
| City: | City: |
| | |
| State: Zip: | State: Zip: |
| Coto | Country |
| Country: | Country: |
| Tolonhono | LTolophono |
| Telephone: | Telephone: |
| Fax: | Fax: |
| rax. | rax. |
| email: | l email: |
| oman. | oman. |
| Name of individual filling out form: | |
| 3 · · · · | |
| Role within business: | |
| | |
| Website Address if available: | |
| | |
| Nature of Business: (circle all that apply) | |
| | |
| Yoga/Fitness Studio (Attach Business License) Yoga/Fitness Instructor (Attach Business License) Yoga/Fitness Instructor (Attach Teaching Certificate/Schedule) | |
| | |
| | |
| | |
| | |
| TAX ID Information | |
| | |
| | |
| | |
| | |
| Tax Exempt: | |
| Fax certificate with your completed form if in OH, NY or CO | |
| II III OH, INT OF CO | |
| | |
| | |

Questions? gaiampro@gaiam.com or 800.959.6116