



14350 Arminta Street
Panorama City, CA 91402

PHONE: 888. 766. 7331

FAX: 818. 997. 7130

To: All Woodridge Labs Customers

In order to become a wholesale customer, please print and fill out the three forms attached: The Resale Certificate Form (below) and the 2-page Order Form.

It is important that we have current and accurate information on all of our customers. Please return these forms, **along with a copy of your resale certificate**, either by fax (818) 997-7130 or mail to the address above.

Your response will be used to set up your wholesale account and insure that you receive **wholesale pricing and free shipping**.

Thank you!

RESALE CERTIFICATE

I HEREBY CERTIFY:

1. I hold valid seller’s permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase of the item(s) I have listed in paragraph 5 below.

4. I will resell the item(s) listed in paragraph 5 below, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item’s purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Company Name: _____

Address: _____

City, State, Zip: _____



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Order email: orders@woodridgelab.com

Wholesale Order Form Ellin LaVar Products

Complete both pages of this order form. Mail, fax or e-mail along with Resale Certificate Form (page 1) and copy of your resale certificate. Orders will be shipped within 5 business days of receipt of completed forms. Thank You!

ORDER INFORMATION:

Resale #:	
PO #:	
Order Date:	
Is this your first order?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ordered by:	
Phone:	
Fax:	
E-mail:	
Payment Method Credit Card Type: (check one/pre-payment)	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER
Card Number:	
Expiration Date:	
CRV# (3 or 4 digit # on back of card)	
Sales Order#: (office use only)	

BILLING ADDRESS:

Company Name:	
Attention:	
Address:	
City:	
State / Zip:	
Phone:	
Fax:	

SHIPPING ADDRESS: same as billing address

Company Name:	
Attention:	
Address:	
City:	
State / Zip:	
Phone:	
Fax:	

Minimum Order \$500.00
All Sales Final.

ORDER TOTAL: \$ _____
(from order form worksheet, next page)



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Wholesale Order Form Worksheet Ellin LaVar Products

	Product Description	Case Pack	Each Price	Case Price	# of Cases Ordered	PriceExtension (multiply # of cases orderd by the case price)
	OptiMoist Shampoo	6	\$4.80	\$28.80		
	ReconstructMasque	6	\$4.80	\$28.80		
	SatinSoft™ Conditioner	6	\$4.80	\$28.80		
	LiquidGlass™	6	\$4.80	\$28.80		
	PenetratingBalm™	6	\$4.80	\$28.80		
	NourishOil™	6	\$4.80	\$28.80		
	ThermMist™	6	\$4.80	\$28.80		
	LiquidMotion™	6	\$4.80	\$28.80		
	ScalpRX™	6	\$4.80	\$28.80		
	DetangleMist™	6	\$4.80	\$28.80		
	InstantShine™	6	\$4.80	\$28.80		
	NaturalControl	6	\$4.80	\$28.80		

ORDER TOTAL:	\$
(enter this amount on previous page)	

Minimum Order \$500.00
All Sales Final.