

ValuU Heal • Speak • Transform

Wholesale Application & Order Form

For approved retailers, salons, spas, and wellness businesses.

Business Information

	Contact Person:			
	Email Address:			
	Years in Business:			
	State:		Zip Code:	
	Preferred Carrier:			

Product Order Details

Product Name	Size	Quantity	Wholesale Price	Subtotal

Minimum Order: \$200 (mix and match allowed)

Turnaround Time: 7–10 business days after payment.

Shipping Information

Shipping Address (if different):	
Preferred Carrier:	
Notes / Special Instructions:	

Payment Details

We currently accept: Zelle, CashApp, Credit/Debit, PayPal Business, Other.

Payment Terms: 100% payment required prior to shipment unless prior arrangements have been made.

Terms & Conditions

- I confirm that the information above is accurate.
- I understand that all products are handmade and not for resale without authorization.
- I agree to maintain ValuU's brand integrity, pricing guidelines, and product presentation

standards.

■ I understand that prices and availability may change without notice.

Signature & Date

Authorized Signature: _____

Printed Name: _____

Date: _____

Please email completed forms and business credentials to:

■ valeriekelsovaluu@gmail.com ■ 817■655■4105 ■ www.val■u■u.com