

## **Ascension Mastery International Wholesale Application**

**Owner's Name:**

**Company Name:**

**Business & Shipping Address:**

**City, State & Zip:**

**Email address:**

**Phone Number:**

**Bill address if different than above:**

**City, State & Zip:**

**Resellers License/Permit Number:**

**State issued:**

**Include a scan or copy of your Resellers License/Permit** when you mail or email this application.

Thank you so much!

Responses usually within 48 hours,  
"Winter Hours" December through April vary due to snowstorms, business travel  
and a Mind Body Spirit fairs, patience please during those times.