



All Bright Innovations, LLC, (YogaJellies)
New Commercial Account Application

Date: _____
Business Name: _____
EIN#: _____
Sales Tax Resale #: _____ please fax certificate to: 717-399-7930

Type of Business:

Yoga Studio Pilates Studio
 Physical Therapy Center Fitness Center

Is your business: single location multiple locations/chain
Is your business: Individual Partnership LLC Corporation

of years in business _____ **Estimated annual sales(optional)** _____

Billing Address

Name: _____
Address: _____
Phone Number: _____ email: _____

Shipping Name and Address (if different from above)

Name: _____
Address: _____

Bank Name: _____
Contact Name: _____ Phone Number: _____
Payment Method: Credit Card PayPal if PayPal-account address: _____

I certify that the above information is true and correct and I hereby authorize you to obtain information from the above references for the purpose of establishing a business account with All Bright Innovations, LLC.

Signature of Financially Responsible Party

Print Name

Questions? Please call 888-672-9144 Fax: 717-399-7930 Email: contact@yogajellies.com