



## Wholesale Application Form

Thank you for your interest in becoming a Chalcedon Wholesaler. Please complete the following application. Your information will be reviewed and responded to as soon as possible. If you have any problems or questions regarding this form, please email our Wholesale Team:

[store@chalcedon.edu](mailto:store@chalcedon.edu).

Business Name

Contact Person

Contact Person Title

Contact Person Email

Contact Person Phone

Business Website

Business Billing Address

Business Shipping Address

How will you be selling Chalcedon Products?

Other explain

Please describe your business:

Business License/Permit or Resale License *Please send or fax copy.*  
(FL, TX, WA, PA, UT, CA, NY)

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