



IMANI

## Professional Sales Program

Joint Adventure  
115 Main Street  
PO Box 125  
Nevis MN 56467

218-652-3091 phone  
218-652-3092 fax

[www.ImaniNatural.com](http://www.ImaniNatural.com)

[info@imaninatural.com](mailto:info@imaninatural.com) (email)

800-898-PURE (1-800-898-7873) - order phone  
888-88-IMANI (1-888-884-6264) - order fax

**If you would like to resell Imani Products,  
or would like to use them professionally as a natural practitioner,  
we two professional discount structures.**

### **33% Natural Practitioner Discount Qualifications:**

*Practicing massage therapists and bodyworkers from all therapeutic disciplines,  
estheticians, yoga instructors, naturopaths, energy workers and the like.*

*Simply apply for this discount by verifying your area of practice.*

*We do not require a sales tax# for this discount.*

### **42% Reseller Discount Qualifications:**

*Natural Product stores, salons, spas and other retailers that want to stock and resell  
Imani and Aegea products. This discount requires a sales tax # to be on file.*

### **To Qualify**

*Please return the Professional Acknowledgement Certificate to set-up your account today.*

### **Internet Shopping**

*Sign in and set-up your profile. After qualifying, we can authorize your account with the discount that will be applied at the checkout.*

### **Shipping & Handling**

*\$9.90 for orders under \$75\**

*\$3.95 for orders over \$75*

*\*please note that the \$75 is for the merchandise total after the discount.*



# Professional Acknowledgement Certificate

Please Return by Fax  
1-888-884-6264  
or by Mail  
Joint Adventure  
PO Box 125  
Nevis MN 56467

**Privacy Policy:** Strictly confidential.  
We will not share your information with anyone for any reason.

Your Name \_\_\_\_\_

Business Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

- Residential Address
- Commercial Address

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ email \_\_\_\_\_

Mailing address if different than shipping  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

### Area of Practice and average hours spent weekly

- Massage Therapy
- Reiki/Energy Work
- Esthetician/Salon/Day Spa
- Naturopath
- Under 15 hrs weekly
- Acupuncture/Oriental Medicine
- Veterinary/Animal Massage
- Counselor/Instructor
- Other \_\_\_\_\_
- 15-30 hrs
- Over 30 hrs

### Please indicate your retail activity

- No retail at this time
- Some sharing with clients, but no formal retail sales.
- I intend to resell your products

Sales Tax Id##\* \_\_\_\_\_

\*Required to authorize retail incentives.

### Please check one or both

- I am a natural practitioner and request the practitioner discount.
- I've included my sales tax id# to resell your products.

\_\_\_\_\_  
Signature