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### WellnessAK Reseller Application

First Name

Last Name

E-mail

What is your primary occupation?

Have you/do you teach health/wellness/fermenting classes to adults?  
If so, please describe:

How long have you been fermenting vegetables?

Please describe the method/system/brand that you have used to ferment:

Please list the quantity and sizes of all of The Probiotic Jars that you own:

If you do not own a set of The Probiotic Jar, we recommend [The Summer Adventure Package](#) to get started.

Would you like to sell The Probiotic Jar in a retail establishment? If so, where:

Is there anything else you would like to tell us to help us make a decision regarding this Application?

Save and attach to an email to: [karen@wellnessAK.com](mailto:karen@wellnessAK.com)  
Please allow two business days for a response. Thank you.