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@Sensuva

Valencia Naturals, Inc. 9731
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FAX: (818) 367 - 8368
www.SENSUVA.com

At Sensuva, we are dedicated toward helping everyone live healthier and more passionate lives. Our unique collection of sexual health and wellness products are made with original formulas, hand-crafted in the USA using natural botanicals, essential oils, extracts, and healthy ingredients.

Sensuva's mission is to create the most healthy, body-safe, natural products that genuinely work. We want people to feel turned on, aroused, and more connected to their partners every day. We have focused on designing original formulas that put our bodies back in balance and heighten awareness and sensitivity. Our collection includes long-term and short-term arousal solutions, enhancers, desensitizers, erotic cosmetics, and personal lubricants.

LINES SENSUVA HAS TO OFFER YOU

- ON Arousal
- Deeply Love You
- Licolicious
- HandiPop
- Nip Zip
- Big Flirt
- Personal Lubricants
- Sizzle Lips
- Provocatife
- Flirtatious
- Tush Tingle
- Happy Hiney
- Think Clean Thoughts
- Love & Luster
- X on the Lips
- Me & You
- Vivify
- Hero260
- G, How I Adore You

2024 AVN AWARDS - BEST ENHANCEMENT MANUFACTURER
2022 O AWARDS - OUTSTANDING BODY / SKIN CARE LINE - BIG FLIRT PHEROMONE INFUSED BUBBLE BATH
2020 O AWARDS - OUTSTANDING BODY / SKIN CARE LINE - PROVOCATIFE
2014 STOREROTICA AWARDS - SEXUAL ENHANCEMENT PRODUCT OF THE YEAR - ON LIBIDO
2014 AVN AWARDS - BEST ENHANCEMENT MANUFACTURER
2012 O AWARDS - OUTSTANDING ENHANCEMENT TOPICAL PRODUCT - ON BALM

CONTACT LIST

GLOBAL SALES MANAGER	**JOEY WILSON**	JOEY@NATURALLIFELAB.COM
ACCOUNTING	**BRENDA SAUCEDO**	B.SAUCEDO@SENSUVA.COM
WAREHOUSE MANAGER	**RANDY HUGHES**	RANDY@SENSUVA.COM
	SALES ORDERS	PURCHASEORDERS@SENSUVA.COM

sensuva

CUSTOMER INFORMATION

COMPANY CUSTOMER NAME	
DBA (If Applicable)	

OWNER			
FIRST NAME:	M.I.	LAST NAME:	
EMAIL:		PHONE:	FAX
EIN:		RESALE ID & STATE	

PRIMARY BUYER		
FIRST NAME:	M.I.	LAST NAME:
EMAIL:		WOULD YOU LIKE TO RECEIVE NEW PRODUCT/UPDATE EMAILS? ☐
PHONE		FAX

SECONDARY BUYER		
FIRST NAME:	M.I.	LAST NAME:
EMAIL:		WOULD YOU LIKE TO RECEIVE NEW PRODUCT/UPDATE EMAILS? ☐
PHONE		FAX

ADDITIONAL CONTACT		
FIRST NAME:	M.I.	LAST NAME:
TITLE		EMAIL
PHONE		FAX

ACCOUNTS PAYABLE	
AP CONTACT:	AP PHONE:
EMAIL:	CC EMAIL (OPTIONAL):
BILL TO ADDRESS:	SHIP TO (IF DIFFERENT):

ADDITIONAL INFO				
1. PRIMARY BRICK & MORTAR ☐	# OF LOCATIONS	2. PRIMARY ONLINE ☐	# OF WEBSITES	3. MAIL ORDER ☐
4. DIST./RETAILER ☐	# OF STORE LOCATIONS	# OF WAREHOUSES	5. PRIMARY HOME PARTY ☐	# OF REPS
6. DISTRIBUTOR MAJOR ☐	# OF WAREHOUSES			
DOMESTIC ☐		INTERNATIONAL ☐		

TERMS	PRE-PAID ☐	NET30 (REQUEST) ☐	C0D ☐	DUE ON RECEIPT ☐	WIRE ☐
SALES REP:			SEND METHOD PREFERENCE	ELECTRONIC - EMAIL ☐	PAPER - MAIL ☐
PRICE LEVEL (DISCOUNT LEVEL):					
DO YOU ACCEPT BACKORDERS?			YES ☐	YES (WITH APPROVAL) ☐	NO ☐

PAYMENT INFO

PREFERRED PAYMENT METHOD	☐ CASH	☐ WIRE	☐ CHECK	☐ AMEX	☐ VISA	☐ MASTERCARD	☐ DISCOVER	☐ DEBIT	☐ ECHECK

CREDIT CARD NO.	EXP. DATE
NAME ON CARD	
CREDIT CARD STATMENT ADDRESS:	
	ZIP CODE
CREDIT REFERENCE (COMPANY, DIRECT CONTACT INFO)	
1.	
2.	
3.	

SHIPPING

CONTACT:			
EMAIL:		PHONE:	FAX
PLEASE CHECK PREFERRED SHIPPING COMPANY		UPS	ACCOUNT #
		FEDEX	ACCOUNT #
		USPS	ACCOUNT #
		3RD PARTY	
		LOCAL DELIVERY (WITH APPROVAL)	
		SHIP ORDERS THE BEST/LOW-COST WAY, ADDING COST TO INVOICE	
SHIPPING NOTES:			

MARKETING | PROMOTIONS

CONTACT:	
EMAIL:	PHONE:

GRAPHICS DEPARTMENT (WHERE WE WOULD SEND IMAGES & UPDATES)

FIRST NAME:	M.I.	LAST NAME:	
EMAIL:		PHONE:	FAX:
PORTAL URL:		LOGIN USERNAME:	PW:

WEB PRESENCE

WHOLESALE WEBSITE (URL SENSUVA IS FEATURED ON)				
RETAIL WEBSITE (URL SENSUVA IS FEATURED ON)				
SENSUVA LOGIN TO VIEW OUR OWN PRODUCTS:				
USERNAME		PASSWORD		
SOCIA MEDIA HANDLES - FOR US TO CONNECT WITH.	INSTAGRAM		YOUTUBE	
	TWITTER		TIKTOK	
	FACEBOOK		OTHER	

Valencia Naturals Inc.

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize <Valencia Naturals Inc/Sensuva> to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize <Valencia Naturals Inc/Sensuva> to charge my
(FULL NAME)

credit card/account indicated below for _____ on or after _____.
(AMOUNT) (DATE)

This payment is for _____.
(DESCRIPTION OF GOODS/SERVICES)

Billing Address _____

City, State, Zip _____

Phone # _____

Email Address _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.