



# Wholesale Inquiry Form

**All information must be completed in its entirety.**

Company Name:

Company Contact Name:

Tax ID#:

Contact Number:

Contact Email:

Billing Address:

Shipping Address:

Store Address:

(if different from shipping address)

Store Count:

Store Type:

- Convenience
- Grocery
- Health Food
- Drug Store
- Pharmacy
- Discount Store
- Boutique
- Gift Shop
- Other:

Online

- Amazon
- eBay
- Walmart Marketplace
- Other:

How did you hear about us?

- Google Search
- Retail Store
- Amazon
- Personally use the Product
- PR/Media
- Social Media
- Referral:
- Other:

Comments:

By signing and submitting this form, you agree to not sell Bug Soother products on Amazon, eBay, or Walmart Marketplace.

Signature:

Title:

Date:



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