



WHOLESALE INQUIRY FORM

COMPANY NAME:

ADDRESS:

CITY:

ZIP CODE:

COUNTRY:

PHONE:

FAX:

E-MAIL:

TYPE OF BUSINESS:

RETAIL STORE

SALE AGENCY

DISTRIBUTION AGENCY

OTHER:

PLACE & DATE OF INCORPORATION:

LENGHT OF TIME AT THE CURRENT LOCATION:

SOME EXEMPLES OF BRANDS YOU ARE CURRENTLY STOCKING:

SINGLE OWNER

PARTNERSHIP

LTD. PARTNERSHIP

OWNERS/MANAGERS:

FULL NAME

TITLE

PHONE

FULL NAME	TITLE	PHONE

BILLING ADDRESS

SHIPPING ADDRESS

BUYING METHOD REQUESTED:

PRE-PAID

COD

N30

PREFERRED SHIPPING METHOD:

The above information is provided by the undersigned for the purpose of obtaining credit from +41. The undersigned personally guarantees the prompt payment to +41 of all payment which may hereafter become due and owing. The undersigned agrees to pay reasonable attorney fees and collection agency fees and/or other costs of expenses incurred by +41 in the collection of any obligation of the undersigned. Credit privileges can be revoked without prior notice from +41.

SIGNATURE (PRINCIPAL OR CORP. OFFICER ONLY) TITLE

DATE