

## Dealer Inquiry



This form will be utilized to review the given information and to assess the possible business fit of our companies. Please complete this form and return to [dealerinquiry@gofit.net](mailto:dealerinquiry@gofit.net)

### Company Information

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City,ST, ZIP: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

### Type of Business

- Brick & Mortar      Number of Stores: \_\_\_\_\_
- ECommerce      Website: \_\_\_\_\_
- Web Sales      Detail      Will you be selling solely on your own Website (check for YES)  
If you will NOT be selling SOLEY on your website- Please list any site you intend to sell on below.
- Both      Fill in ALL info Above

### Details

Projected Purchases/Yr: (in DOLLARS) \_\_\_\_\_  
Current Main Products/Market: \_\_\_\_\_  
How would you sell and market our products?: \_\_\_\_\_

### Product Interest

Items Interested In: \_\_\_\_\_

### Other

How did you hear about us? \_\_\_\_\_