



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

Company Information

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

Type of Business

- | | | |
|--------------------------|----------------|-------------------------|
| <input type="checkbox"/> | Brick & Mortar | Number of Stores: _____ |
| <input type="checkbox"/> | ECommerce | Website: _____ |
| <input type="checkbox"/> | Both | Fill in ALL info Above |

Details

Projected Purchases/Yr: _____
Current Main Products/Market: _____
How would you sell and market our products?: _____

Product Interest

Items Interested In: _____

Other

How did you hear about us? _____