WATERWISE®
Purity Since 1977
Purification Systems

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E-mail: wholesale@waterwise.com
www.waterwise.com

Dealer Questionnaire

Business

Your Name_____ Your Position_____

Business Name_____ Date Business Started_____

Mailing Address_____ City_____ State_____ Zip_____

Shipping Address_____ City_____ State_____ Zip_____

Phone_____ Fax_____ E-mail_____

Website/URL(s)_____

Type of Business: ❑ Sole Proprietorship ❑ Partnership ❑ Corporation ❑ LLC

Resale Tax Certificate #_____

Primary Sales Method: ❑ Retail Storefront ❑ Mail Order/Catalog ❑ Online Store (Direct) ❑ Online Marketplace (Amazon, eBay, etc)

❑ In-home Direct Sales ❑ Network Marketing ❑ Radio/TV Marketing ❑ Other_____

General

How did you find out about Waterwise? ❑ Magazine Name of Publication_____

❑ Internet ❑ Friend ❑ Trade Show ❑ Other_____

What type of water do you drink? ❑ Tap ❑ Bottled ❑ Distilled ❑ RO ❑ Filtered

Do you currently own a Waterwise and/or Airwise purifier? ❑ Yes ❑ No Model(s)_____

_____

Do you presently sell water and/or air purification systems? ❑ Yes ❑ No Brand(s)_____

_____

How much time do you or would you devote to this business? ❑ Part-time ❑ Full-time Start Date_____

Can you meet a minimum first wholesale order of $4000? ❑ Yes ❑ No

Why are you interested in and what are your goals related to the water/air purification business?_____

_____

Acceptance

I understand that this is not a contract nor does it constitute an agreement toward partnership and/or representation. It is for informational purposes only.
I certify the accuracy of the information provided. Upon acceptance, Waterwise will send information including wholesale pricing and Dealer agreement which must be submitted before Dealer status is authorized.

Applicant Signature_____ Date_____

For Office Use Only *(Do not write below this line)*

Date Received_____ Account #_____ QSP Order #_____

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