

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 # _____

Purchase Order Required? Yes No

Office Hours _____

Primary Sales Method:

In-home Direct Sales Retail Storefront Mail Order/Catalog Internet Marketing 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 # _____

Notes _____
