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STOCKIST ENQUIRY FORM

Please tick your business details:	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Registered Company
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Company or Business Name:	
Trading As:	

Number of years trading under this name:	
ABN / NZBN Number:	
Are you registered for GST?	
Business Owner/Managers Name:	

Street Address:			
Suburb:		State:	
		Postcode:	

Postal Address:			
Suburb:		State:	
		Postcode:	

Phone:		Email:	
Fax:		Website:	

Accounts Contact:		Accounts Phone:	
Accounts Email:			

Do you have a shop front?	Yes	No	Do you intend to sell online?	Yes	No
Do you intend to sell on Ebay/Amazon?	Yes	No	Do you intend to sell via Demonstrations?	Yes	No

<p>Please tell us about your business in less than 100 words & what products you are interested in. <i>(please complete this section)</i></p>

Please Note: We will contact you shortly in relation to your stockist enquiry form.