



Raw Blend Pty Ltd  
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## STOCKIST ENQUIRY FORM

<b>Please tick your business details:</b>	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Registered Company
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Company or Business Name:</b>	
<b>Trading As:</b>	

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

<b>Street Address:</b>			
<b>Suburb:</b>		<b>State:</b>	
		<b>Postcode:</b>	

<b>Postal Address:</b>			
<b>Suburb:</b>		<b>State:</b>	
		<b>Postcode:</b>	

<b>Phone:</b>		<b>Email:</b>	
<b>Fax:</b>		<b>Website:</b>	

<b>Accounts Contact:</b>		<b>Accounts Phone:</b>	
<b>Accounts Email:</b>			

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

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

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