



Wholesale Application

COMPANY INFORMATION

Company Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____ Country _____

Name of Authorized Buyer _____ Title _____

Company Website _____ Email Address _____

Tax I.D. Number _____ Other store locations _____

Describe Type of Business _____

RETAIL DESCRIPTION

Geographic Location (For example: Retail Mall, Historic District, Business District, Neighborhood, etc.) _____

Area Demographics _____

Square Footage of Retail Space _____ Amount of Average Sale _____

Do you currently sell chocolate bars? Yes No

If yes, please list some brand names: _____

OTHER SPECIALTY PRODUCTS CARRIED

Type of Product(s)	Brand Name(s)
_____	_____
_____	_____

HOW DID YOU HEAR ABOUT ASKINOSIE CHOCOLATE? _____

BY SIGNING THIS DOCUMENT WE AGREE TO SELL ASKINOSIE PRODUCTS THAT WE BUY AT OR ABOVE THE MINIMUM RESALE PRICE AS OUTLINED IN THE ASKINOSIE PRICE SHEET AT TIME OF PURCHASE.

I AGREE

AUTHORIZED SIGNATURE _____ **DATE** _____

To submit this document by e-mail, click SUBMIT.
Otherwise, please print and fax application to 417-862-9904.