



## Distributor Request for More Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Profession/Title \_\_\_\_\_

Do you own a retail store?    Yes    \_\_\_\_\_    No    \_\_\_\_\_

If yes, please describe the store:

\_\_\_\_\_

\_\_\_\_\_

How many stores do you own? \_\_\_\_\_

Do you have a website setup for ecommerce?    Yes    \_\_\_\_\_    No    \_\_\_\_\_

Website address: \_\_\_\_\_

Please summarize your current market, customers and product line:

\_\_\_\_\_

\_\_\_\_\_

Please provide a brief summary of your marketing plans for the Simple Truths gift books and who you would be selling them to:

\_\_\_\_\_

Would you like to learn about our affiliate program?    Yes    \_\_\_\_\_    No    \_\_\_\_\_