

Distributorship Inquiry Form

Contact Information

Company Name: _____

Address: _____

Email: _____

Phone number: _____

History

Number of years in business: _____

Summary of company: _____

Accreditations: _____

Awards: _____

Business References

Number of associates: _____

contact information of most recent associate: _____

may we contact them: _____

Notes

Generals notes about company: _____

**All information on this form will be used solely for this DNA analysis.
No other agency or outside party(s) will have access to this information
without your written, notarized consent or without legal process.**