**Inquiry Form**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website URL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street Address Apartment/Unit #*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *City State Zip Code*

Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Type of Business** |

[ ]  **Distributor** [ ]  **Retailer** [ ]  **Brick & Motor (How many stores?** Click or tap here to enter text.**)**

[ ]  **Ecommerce (Amazon, Ebay, Other :** Click or tap here to enter text.

|  |
| --- |
| **Product Inquiry** |

**Interested in the following:**

|  |  |
| --- | --- |
| [ ]  **Incense** | [ ]  **Cones** |
| [ ]  **Burners/Accessories** | [ ]  **Oils** |
| [ ]  **Diffusers** | [ ]  **Other:**  |

***Please let us know who you are:***

[ ]  Existing business looking for a new Gonesh supplier

[ ]  New business looking for a Gonesh supplier

[ ]  Expanding business looking to add Gonesh brands

Please tell us a little more about your business (type of business, target customer, etc) and what you are looking for in a wholesale provider so that we may better assist you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Gonesh?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your interest! Please note that this is not an official application and replies can take several days for you to be contacted.**