

Inquiry Form -- Distributors Interested in Working with NEWtritious

Please return this form to:
Distribution Inquiries
Fax 1 (310) 397-6777
Distribution@NEWtritious.com

About Your Company

Company Name	
Address	
City	State/Province
Country	Postal Code
Telephone	Fax
Contact Person	E-Mail Address
Company Web Site	Year Company Was Established
Number of Employees	Number of Sales Employees
Does your company have sales offices or branches other than listed above? If yes, in which cities or provinces?	
What is your type of business? Distributor (purchase/resell goods) <input type="checkbox"/> Sales Agent (no purchase of goods) <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other <input type="checkbox"/> (Please describe)	
Do You Have Warehouse Facilities? No <input type="checkbox"/> Yes <input type="checkbox"/> , Size?	
Do you have other useful facilities (i.e., laboratory, blending, packaging) ?	

About Your Markets (Please attach another page if you need more space)

Please list the types of products and some of the brand names that you currently sell:
To which industries do you currently sell products? Please list some of your existing clients.
In which regions do you have strong sales coverage? Please list cities, regions, or provinces (or attach a map).

Do you have plans to grow your business to new markets (industries or regions)? Yes No
If yes, please list the new targeted markets:

About Your Interest in NEWtritious Products

What NEWtritious Product Line(s) or Products are of interest to you?
 Healthcare Functional Foods Retail Foods Retail Supplements
Specific Products?

What is your company's total yearly sales turnover (Indicate US\$ or other currency)?

Other

Is there anything else about your company that you would like to tell us?