

## Inquiry Form -- Fundraiser Sales & Affiliate Sale

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

Organization's Name	
Address	
City	State/Province
Country	Postal Code
Telephone	Fax
Contact Person	E-Mail Address
Company Web Site	Year Organization Was Established
Number of Employees / Number of Members	Number of Sales Representatives or Distributors
Does your organization have a presence in cities other than those listed above? If yes, in which cities or provinces? (Feel free to attach a separate sheet.)	
Do you wish to hire us to develop the intellectual property rights for your organization?	
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 organization's net worth. (Indicate US\$ or other currency)?

### **Other**

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