

PRODIGIOUS

WHOLESALE/RETAILERS

COMPANY REPRESENTATIVE

FIRST NAME: **LAST NAME:**

TITLE: **HOW MANY EMPLOYEES IN YOUR COMPANY:**

COMPANY: 1-4 11-30 76-100 250-500

EMAIL: 5-10 31-75 101-250 500+

PHONE: **WEBSITE:**

HQ LOCATION:

YEARS IN BUSINESS **COMPANY TYPE:** RETAILER DISTRIBUTOR

ECOMMERCE? YES NO **OTHER** _____

ECOMMERCE SECTION: PLEASE FILL OUT IF YOU ANSWERED YES

HOW MANY MONTHLY VISITORS DO YOU RECEIVE ON YOUR SITE? **WHAT PERCENTAGE OF THOSE VISITORS PURCHASE PRODUCTS ON YOUR SITE?**

WHAT PRICE RANGE DO YOUR ONLINE VISITORS PURCHASE PRODUCTS AT? **WHAT AGE GROUP AND GENDER IS PURCHASING PRODUCTS AT THIS PRICE RANGE?**

WHAT TYPE OF PRODUCTS DO YOU PRIMARILY SELL ON YOUR WEBSITE?

HOW DO YOU ADVERTISE PRODUCTS ON YOUR WEBSITE?

WHICH PRODIGIOUS PRODUCTS ARE YOU INTERESTED IN AND HOW MANY DO YOU PLAN ON ORDERING PER MONTH?

IF YOU NEED US TO DROP SHIP, WHAT METHOD OF SHIPPING DO YOU REQUIRE? **IF YOU NEED US TO DROP SHIP, WHAT METHOD OF SHIPPING DO YOU REQUIRE?**

IN-STORE RETAILERS SECTION: PLEASE FILL OUT IF APPLICABLE

HOW MANY STORES DO YOU HAVE?

HOW MANY STORES WOULD YOU BRING OUR PRODUCT INTO? ALL, SOME ETC.

HOW MANY EST. MONTHLY VISITORS DO YOU RECIEVE PER STORE?

HOW MANY WAREHOUSE LOCATIONS DO YOU HAVE?

HOW MANY PRODUCTS DO YOU PLAN ON ORDERING ON A MONTHLY BASIS?

WHICH WAREHOUSE(s) WOULD OUR PRODUCTS NEED DELIVERED TO? :

WHAT ADVERTISING AND IN-STORE SIGNAGE DO YOU ALLOW?

PLEASE FILL OUT OTHER NEED TO NOTE INFORMATION TO CONSIDER

LEAD TIME AND FULLFILLMENT REQUESTS?

REQUESTED PAYMENT TERMS?

OTHER INFORMATION?

OUR BRAND, PRODUCTS AND BUSINESS RELATIONSHIPS ARE IMPORTANT TO US. WE EVALUATE EACH RETAILER SUBMISSION. TELL US WHAT TYPE OF BUSINESS RELATIONSHIP WE CAN ANTICIPATE.

NAME:

SIGNATURE:

DATE: