

WHOLESALE VENDOR PROFILE

COMPANY INFORMATION

Company Name: _____

Street Address: _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____

Contact Person _____ Title (Owner, Buyer, etc.) _____

Website _____ Email Address _____

Number of Years in Business: _____ Resaller's ID # _____

Accounts Payable Contact

Name: _____ Phone _____ Email _____

BUSINESS CLASSIFICATION

- | | |
|---|---|
| <input type="checkbox"/> Candy Distributor | <input type="checkbox"/> Lifestyle Store |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Event Planner/Caterer | <input type="checkbox"/> Private Label |
| <input type="checkbox"/> Florist | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Gift Basket/Gift Giver | <input type="checkbox"/> Specialty Store |
| <input type="checkbox"/> Gift Shop/Boutique | <input type="checkbox"/> Wine/Liquor Shop |
| <input type="checkbox"/> Gourmet Grocer | <input type="checkbox"/> Yoga/Spa |
| <input type="checkbox"/> Hotel Amenity | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hotel Other | |

RETAIL DESCRIPTION

Geographic Location (For example: Retail Mall, Historic District, Business District, Neighborhood, etc.)

Area Demographics _____

Square Footage of Retail Space _____ Amount of Average Sale: _____

Do you currently sell chocolate? Yes ____ No ____

If yes, please list brand names:

OTHER SPECIALTY PRODUCTS CARRIED

Type of Product(s)	Brand Name(s)
_____	_____
_____	_____

HOW DID YOU HEAR ABOUT GRANDO CIOCCOLATO?

Advertisement Gift Internet Search Magazine Retail Store TV

Word of Mouth Trade Show Referral Other (please describe) _____

Please send profile to: www.info@grandocioccolato.com
 We will respond within 1-2 business days. **A Grand Thank You!**