

## Distributorship Inquiry Form

### Contact Information

Company Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

### History

Number of years in business: \_\_\_\_\_

Summary of company: \_\_\_\_\_

Accreditations: \_\_\_\_\_

Awards: \_\_\_\_\_

### Business References

Number of associates: \_\_\_\_\_

contact information of most recent associate: \_\_\_\_\_

may we contact them: \_\_\_\_\_

### Notes

Generals notes about company: \_\_\_\_\_

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**All information on this form will be used solely for this DNA analysis.  
No other agency or outside party(s) will have access to this information  
without your written, notarized consent or without legal process.**