

# DEALER INQUIRY RESPONSE FORM

Thank you for your interest in becoming a valued distributor of our products.

Please complete ALL information on this brief questionnaire and return to us so we can provide you with Confidential Wholesale pricing.

Return by: E-mail: [info@globalassistive.com](mailto:info@globalassistive.com) or Fax: 954-776-8136 or Mail:

GLOBAL ASSISTIVE DEVICES, INC.

1121 East Commercial Boulevard

Oakland Park Florida USA 33334-3947

## Information Required:

Name of Business: \_\_\_\_\_

DBA (if different): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Ship to Address (if Different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a: Corporation (  )      LLC (  )      Individual (  ).

Business License Information: Include at least one number that applies

Tax ID #: \_\_\_\_\_ EIN #: \_\_\_\_\_

Resale License #: \_\_\_\_\_ Sellers Permit #: \_\_\_\_\_

VAT # \_\_\_\_\_ GST # \_\_\_\_\_

Wholesale License #: \_\_\_\_\_ Date business commenced: \_\_\_\_\_

## General Information:

How did you hear about us/our products: \_\_\_\_\_

What type of product(s) do you currently distribute: \_\_\_\_\_

Do you intend to carry an inventory of our products? Yes (  ) No (  )

I/We verify that products purchased will be for the purpose of resale.

Principal Owner: \_\_\_\_\_ Signed: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_