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# ECOVESSEL®

# STOCKIST ENQUIRY FORM

<b>Please tick your business details:</b>	Sole Trader	Partnership	Registered Company
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Company or Business Name:	
Trading As:	

<b>Number of years trading under this name:</b>	
<b>ABN / NZBN Number:</b>	
<b>Are you registered for GST?</b>	
<b>Business Owner/Managers Name:</b>	

<b>Street Address:</b>					
Suburb:		State:		Postcode:	

<b>Postal Address:</b>					
Suburb:		State:		Postcode:	

<b>Phone:</b>		<b>Email:</b>	
<b>Fax:</b>		<b>Website:</b>	

<b>Accounts Contact:</b>		<b>Accounts Phone:</b>	
<b>Accounts Email:</b>			

<b>Do you have a shop front?</b>	Yes	No	<b>Do you intend to sell online?</b>	Yes	No
<b>Do you intend to sell on Ebay/Amazon?</b>	Yes	No	<b>Do you intend to sell via Demonstrations?</b>	Yes	No

**Please tell us about your business in less than 100 words & what products you are interested in.**  
*(please complete this section)*

**Please Note: We will contact you shortly in relation to your stockist enquiry form.**