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## WHOLESALE ACCOUNT INQUIRY

Thank you for your interest in Murchie's. Please complete the fields below.  
We will get in touch with you to further discuss.

Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of Business: \_\_\_\_\_ GST and Business License #: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Year Established: \_\_\_\_\_

Address of Principal: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Products of Interest: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Questions or Comments: \_\_\_\_\_