

Wholesale Stocking Reseller Application Form

Thank you for your interest in becoming a Wholesale Stocking Reseller for Grandpa Dave's premium fish fertilizer products! Please complete the form below. We'll review your application and respond within [insert timeframe].

Applicant Information

1. **Full Name:** _____
2. **Business Name:** _____
3. **Email Address:** _____
4. **Phone Number:** _____
5. **Website or Store URL:** _____
6. **Business Address:**
 - Street: _____
 - City: _____
 - State/Province: _____
 - Zip/Postal Code: _____
 - Country: _____

Business Details

7. **Business Type:** _____
8. **Years in Business:** _____
9. **Sales Channels:** _____
10. **Target Market/Audience:** _____

Product Interest

11. Which products are you interested in stocking?

12. Estimated Monthly Order Volume:

13. Preferred Shipping Method:

Agreement and Consent

14. Do you agree to the terms and conditions of the Wholesale Stocking Program?

15. Signature: _____

16. Date: _____

Submission Instructions

Please submit your completed application form to:

• **Email:** _____

• **Mail:** _____

We look forward to partnering with you and supporting your success as a Wholesale Stocking Reseller!