



WHOLESALE DEALER APPLICATION

DATE: _____

CONTACT INFORMATION:

Name: _____ Business Owner: _____

Phone Number: _____ Fax Number: _____

Business Name: _____

Business Address: _____

Email Address: _____

Website: _____

GENERAL INFORMATION:

Years in business: _____

How did you hear about Griot's Garage? _____

Do you offer professional detailing? _____

What are your projected annual purchases of Griot's Garage products? _____

Please email completed application to wholesale@griotsgarage.com

Have fun in your garage!®

GRIOT'S GARAGE, 3333 SOUTH 38TH STREET, TACOMA, WA 98409
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