



## WHOLESALE DETAILER 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? \_\_\_\_\_

Are you currently using Griot's Garage products? \_\_\_\_\_

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

Please email the completed application and a copy of your business license to: [wholesale@griotsgarage.com](mailto:wholesale@griotsgarage.com)

*Have fun in your garage!®*

GRIOT'S GARAGE, 3333 SOUTH 38<sup>TH</sup> STREET, TACOMA, WA 98409  
888-345-446 • [www.griotsgarage.com](http://www.griotsgarage.com)

©GRIOT'S GARAGE, INC.