



Dealer Enquiry Form

In order to provide you with the most relevant product information as well as us understanding how your business can compliment our dealer channel please complete the following information. This information is treated "commercial in confidence" and will not be disclosed to any other 3rd party.

Full Business Name: _____

Trading As: _____

A.B.N. _____ A.C.N. _____ No. Years Trading: _____

Type of Business: _____
(Pty.Ltd. Co. Partnership, Sole trader etc)

Phone: _____ Fax: _____

Web address: _____

Street Address: _____

Postal Address (if not above) _____

Email: _____ No. Employees: _____

Primary Contact: _____ Title: _____

Accounts Contact: _____ Title: _____

Where do you sell your products: (Online, Retail Store, Markets, Other) _____

No. of locations: _____ Do you require Bar codes: Yes/No

What products and or services do you provide: _____

What talkingstones products are you interested in reselling:

Pet Memorials: Yes/No Wordstones: Yes/No Custom Engraving: Yes/No

Weddingstone Placemarkers: Yes/No Other: Yes/No _____

Do you stock or sell any similar lines to talkingstones: _____

How did you hear about talkingstones: _____

Any other relevant information you would like to tell us: _____

Please return to: Fax to 1300 658 171 Email info@talkingstones.com.au

Post to: General Manager PO BOX 56 Avoca Beach NSW 2251

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