Reseller Enquiry Form

Thank you for your interest in Airborne Honey. Selecting the best agent, distributor, merchandiser or seller of our Airborne honey range is very important to us. Please take a moment to complete the following details and send the form back to us.  

Which Country do you want to import our products into?*  
________________________________________________

Contact information
First (Given) Name:*  
________________________________________________

Last (Family) Name:*  
________________________________________________

Position:  
________________________________________________

Company Name:*  
________________________________________________

Division/Department:  
________________________________________________

Email Address:*  
________________________________________________

Mailing Address Line 1:*  
________________________________________________

Town/City:*  
________________________________________________

State/Province:  
________________________________________________

Country:*  
________________________________________________

Phone Number:*  
________________________________________________

Mobile Ph:  
________________________________________________

Fax:  
________________________________________________

Website Address:  
________________________________________________

Your Company Details
Type of Business:*   
☐ Limited Company  
☐ Partnership  
☐ Sole Trader  
☐ Individual  

Year of Registration:*  
________________________________________________

Company Registration Number:  
________________________________________________

* = Compulsory Fields
Company Details (Cont’d)

Bank:* ___________________________________________________________
Branch: __________________________ Telephone:_______________________
Annual Turnover: $_______________________
Staff Numbers: ________________________

Business Experience:*  
Describe the opportunity you have for Airborne Honey in your region:
___________________________________________________________________________
___________________________________________________________________________

Retail outlets you supply who are interested in selling Airborne Honey:
___________________________________________________________________________

Your current distribution region/s:  City(s): _________________________________
Province: _________________________________

What experience have you had introducing a new product line in your region and creating
customer awareness:
___________________________________________________________________________
___________________________________________________________________________

What products do you currently distribute to retailers:
___________________________________________________________________________
___________________________________________________________________________

Please provide two commercial references that you buy from. *

   Company 1: ___________________________________________________________
   Phone Number: _________________ Contact Name:___________________________

   Company 2: ___________________________________________________________
   Phone Number: _________________ Contact Name:___________________________

Terms of Trade  
Samples: To be paid for before dispatch by courier
Minimum orders: 1 pallet LCL per shipment
Payment terms: Telegraphic Transfer before shipment.

Acknowledgement*  

   Full Name: ______________________________ Position:___________________________
   Signature: ______________________________ Date:_____________________________