

***SO, YOU WANT
TO SELL OUR
AFFIRMATION
CARDS?***

***THE ANSWER
IS YES!***



Become A WHOLESALE



***We love when any
company is
interested in
promoting
positive mental
health habits!***

***Fill out the form
below to get
started***



Wholesaler Information

WAYMAKER CO.

Company Name _____

Date _____

Address _____

Contact Name _____

Email Address _____

Contact Phone _____

.....

• Is this your first time applying? **Yes** **No**

• Have you ever sold wholesale items for other small businesses? **Yes** **No**

if yes, please specify _____

• What is the mission of your company?

• How do customers interact with your business? (online, foot traffic, etc.)

• Why do you wish to become a wholesaler for Waymaker Co.?

I sign that the above information accurately reflects my company and their intentions to become a wholesaler for Waymaker Co. and understand that this application is in no way a confirmation of partnership.

Client's Signature

Date