



Distributor Enquire Form

Please fill out the following the form and send it to info@apihealth.com

YOUR CONTACT INFORMATION

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

PHONE NUMBER:

COMPANY INFORMATION

COMPANY NAME:

ADDRESS:

CITY:

COUNTRY:

ZIP CODE:

PHONE:

COMPANY WEBSITE:

YEAR ESTABLISHED:

WHAT IS YOUR TYPE OF BUSINESS:

WHOLESALER

RETAILER

DISTRIBUTOR

OTHER

YOUR MARKET INFORMATION

WHAT TYPE(s) AND BRAND(s) OF PRODUCTS DOES YOUR COMPANY SELL:

WHAT MAJOR TYPE OF PRODUCTS DOES YOUR COMPANY SELL:

WHAT APIHEALTH PRODUCTS ARE OF INTEREST TO YOU:

MANUKA UMF

HEALTHY HONEY

SUPPLEMENTS

BEAUTY PRODUCTS

HONEY & SUPPLEMENTS FOR PETS

IS THERE ANYTHING ELSE ABOUT YOUR COMPANY THAT YOU WOULD LIKE TO TELL US: