



Customer Inquiry Form

Date: _____

Name of business: _____

Business address: _____

(If residential, please explain at bottom.)

Contact name: _____ Position: _____

Contact Phone: _____ Email: _____

Please tell us about your business.

Type of business: Retailer _____ Wholesale Distributor _____ Hula Halau _____

Web Sales _____ Website address: _____

If Distributor: Hawaii? _____ US Mainland? _____ Export? _____ Where? _____

Who is your final consumer? _____

What product groups do you carry in your store? _____

Do you have a business license? _____ How many years in current business? _____

What products from Nani Makana are you interested in purchasing?

Questions?