

## DocSchmenke™ Products Distributor, Reseller, Retailer Wholesale Application

Thank you for your interest in DocSchmenke™ products. For approval as a DocSchmenke™ Product Reseller, please print and complete the following and fax to DocSchmenke™ at: +352.861.5447. Your application request will be reviewed promptly and DocSchmenke™ will contact you. If you need assistance, please call +352.861.5444.

Please Note: At present DocSchmenke™ does not offer direct drop shipping to resellers retail customers, and is unable to extend wholesale pricing for product that would be marketed solely on the Internet; to resellers without a permanent "physical" business location (including craft fairs, home parties, flea markets, etc.). If you are unsure if your business can qualify as a DocSchmenke™ reseller, please submit your application to us. Thanks.

**Company Name:**

**Buyer Name:**

**Mailing Address:**

**Daytime Telephone Number (s):**

**City, State, Zip:**

**Fax Number:**

**Shipping Address:**

**e-Mail Address:**

**City, State, Zip:**

**Website Address:**

**Resale Permit, Federal, or Tax ID Number:** (required)

**Type of Your Retail or Wholesale Operations:** (List primary type on line below)

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**Your interests in seeking approval as a DocSchmenke™ Reseller are:** (check all that apply)

To wholesale as a DocSchmenke™ Distributor       To represent as a manufacturers representative

To resell to other businesses in the USA       To export to other businesses internationally

To retail in your retail store or chain       To retail to customers on the Internet

Other: \_\_\_\_\_

**How long have you been in this business?** (check one)

0 - 3 Months       3 - 6 Months       6 - 12 Months       1 - 2 Years

3 - 5 Years       5 - 10 Years       Over 10 Years

**Does your business have a "physical" business storefront(s)?** (check all that apply)

Yes, I listed the location above.       Yes, we have a location but haven't opened yet.

Not at this time, we're thinking about it.       No, we retail through our website.

Other Method of Retailing/ Wholesale (please specify-> )

**How long has your "physical" business storefront(s) been open?** (check all that apply)

We're not open yet. (Please also check a box indicating when you plan to open.)

0 - 3 Months       3 - 6 Months       6 - 12 Months       1 - 2 Years

3 - 5 Years       5 - 10 Years       Over 10 Years

**Does your business have a website?** (check one)

- Yes, I listed the site address above.       Yes, it is under construction.  
 No, we don't have plans for a website.       Not at this time, we're thinking about it.

**I am interested in the following product lines:** (check all that apply)

- DocSchmenke Products*       *Other Sleep Aids*

**I would like to request the following:** (check all that apply)

- Please e-mail me a link to your "printable" Wholesale Price List & Order Form. (included w/initial orders)  
 Contact me; I would like some more information.  
 Contact me for an appointment.       Contact me; I am interested in placing an order.

**Would you be interested in "online" ordering?** (check one)

- Yes, that would be great!       No, I prefer to call or fax my orders.  
 I'm not sure, but I would consider it.

**How did you find DocSchmenke™ products?** \_\_\_\_\_

**Only complete the following Business Credit References if you wish to seek approval for a credit line with DocSchmenke, Inc. for purchasing DocSchmenke™ products (if not skip these below):**

**1)** Company Name:  How long had account:   
Mailing Address:  City, State (providence), Zip:   
Buyer Name:  Daytime Telephone Number(s):

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**2)** Company Name:  How long had account:   
Mailing Address:  City, State (providence), Zip:   
Buyer Name:  Daytime Telephone Number(s):

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**3)** Company Name:  How long had account:   
Mailing Address:  City, State (providence), Zip:   
Buyer Name:  Daytime Telephone Number(s):

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*I declare that all information provided on this form is correct and true.*

**Comments:** \_\_\_\_\_

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**Company Authorized Representative:** \_\_\_\_\_