



Prospective Vendor Data Sheet

Vendor Name: _____

Contact Name & Position: _____

Phone Number: _____ E-Mail Address: _____

Mailing Address: _____

Website: _____

Please list the distributors you are established with:

<input type="checkbox"/> East Coast: _____	<input type="checkbox"/> West Coast: _____
_____	_____
_____	_____
_____	_____

Please list any large current customers you are supplying today.

What type of customers/channels are you primarily interested in reaching through a partnership with us?

Grocery, Gym, Military, National Retail Accounts?

Are your products Third Party Tested? Yes No

Please send this form back to purchasing@musclefoodsusa.com along with a Sales Deck of the Product(s) as well as any Sales Data.

Thank you so much for your interest. Someone will respond shortly to your email.