



# Reseller Application

www.cokerfeedmill.com  
P: 919.778.3491 | F: 919.778.3501  
info@cokerfeedmill.com

DATE: \_\_\_\_\_

## BUSINESS INFORMATION

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Do you have an established business? YES ☐ NO ☐ If so, does your business have a storefront? YES ☐ NO ☐

Sole Proprietorship: ☐ Partnership: ☐ Corporation: ☐ Other: ☐

Primary Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ How long at current address? \_\_\_\_\_

Is your space able to provide easy public access and customer parking? YES ☐ NO ☐

How much storage capacity do you have at your facility? \_\_\_\_\_

Do you have space for customer parking? YES ☐ NO ☐

Do you have equipment available for loading and unloading pallets (i.e. forklift or tractor with forks)? YES ☐ NO ☐

Would you require delivery? YES ☐ NO ☐ Is your space accessible with a 53' tractor trailer? YES ☐ NO ☐

What are your intended operating hours? \_\_\_\_\_

What products are you most interested in? \_\_\_\_\_

What are your goals for your business? \_\_\_\_\_

What are your goals for a partnership with Coker Feed Mill? \_\_\_\_\_

## SIGNATURES

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_