



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: _____