

# Retailer Inquiry Form

## Store Information

Name

Street (No P.O. Boxes please)

City

State

Zip Code

Country

Phone

Website

Business Type

## Contact Information

Name

Position

Phone

Email

## Zuke's Bone Peddler

Region / Sales Representative

## Why Zuke's

How did you hear about Zuke's

Internet

Magazine Ad

Customer Request

Tradeshow

Word of Mouth

Distributor Rep

Other (please describe)

Tell us what you know about Zuke's, and why you're excited to stock our various products for your consumers:

## **Products** – Please select all that you are interested in carrying

### **Treats**

#### **Meaty**

Lil' Links  
Jerky Naturals  
Power Bones  
PureNZ Bites  
PureNZ Cords  
PureNZ Cuts  
PureNZ Steaks  
Z-Filets

#### **Training**

Mini Naturals  
Puppy Naturals  
Tiny Naturals  
Crunchy Naturals 2's  
Crunchy Naturals 5's  
Crunchy Naturals 10's

#### **Functional**

Hip Action  
Superfood Blend  
Z-Bone Dental Chews

### **Supplements**

#### **Enhance**

Calming  
Cognition  
Digestion  
Endurance

Fresh Breath  
Immune Support  
Mobility  
Shiny Coat