



# Good Neighbour Medical



**Company Phone:** 519-362-7885

**Website:**

[www.GoodNeighbourMedical.com](http://www.GoodNeighbourMedical.com)

**Email:**

[Inquiry@GoodNeighbourMedical.com](mailto:Inquiry@GoodNeighbourMedical.com)

**Address:**

125 Moss Place Guelph ON N1G 4V4

## Retailer Inquiry

**Dated As:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City, Province, Postal Code** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Vendor Business Industry (What does your company do? Do you have a retail location? How many? Do you sell to other business, customers, or both?):

Vendor Anticipated Annual Order (How many do you anticipate selling annually?):

Vendor's Requested Initial Order (How many units would you want in an initial order?):

Other Information:

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Date (DD/MM/YYYY)