AINA DISTRIBUTION

Business Inquiry Form

partnerships@ainadistribution.com

Complete this form and email it to partnerships@ainadistribution.com. Attach any supporting documents (RFQ, product catalogue, purchase order, or specification sheet). We respond to most inquiries within two business days.

SECTION 1

Organization details

COMPANY / ORGANIZATION NAME *

COMPANY WEBSITE

COUNTRY

CITY / STATE

BUSINESS TYPE (SELECT ONE)

- ☐ Brand / Manufacturer
- ☐ Distributor
- ☐ Retailer
- ☐ Healthcare organization
- ☐ Government / institutional buyer
- ☐ Commercial buyer
- ☐ Other (please specify below)

SECTION 2

Contact details

CONTACT NAME *

JOB TITLE

BUSINESS EMAIL *

PHONE NUMBER

SECTION 3

Nature of inquiry

INQUIRY TYPE (SELECT ONE)

- ☐ Distribution partnership
- ☐ Marketplace expansion
- ☐ Wholesale inquiry
- ☐ Procurement request / RFQ
- ☐ Strategic partnership
- ☐ General inquiry

SECTION 4

Requirement details

Tell us what you need. The more specific you are, the sharper our response.

PRODUCT / CATEGORY

ESTIMATED VOLUME OR QUANTITY

DESTINATION MARKET(S)

REQUIRED TIMELINE

ADDITIONAL DETAILS

SUPPORTING DOCUMENTS ATTACHED TO THIS EMAIL

- ☐ Request for quotation (RFQ)
- ☐ Product catalogue
- ☐ Purchase order
- ☐ Specification sheet
- ☐ Other supporting documents

SECTION 5

Authorisation

SIGNATURE **PRINT NAME** **POSITION** **DATE**

By submitting this form you agree to be contacted regarding your inquiry. Information is handled per our privacy policy.

RETURN THIS FORM TO

partnerships@ainadistribution.com

ainadistribution.com