



Rip Squeak Inc.

ATTN: BEDA

OFFICE

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WEB

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Wholesale Prospect Information

Business Name: _____

Business License: _____

Billing Address: _____

Business Telephone Number: _____

Owner's Name: _____

Point of Contact: _____

Point of Contact Direct Line: _____

E-mail Address: _____

Business Website: _____

Please give a brief description of the type of business:

Years of Operation: _____

Please list the number of retail stores and respective addresses (include attachment if necessary):

Do you intent selling Rip Squeak products on the Internet? If so, please specify URL: _____