



RETAIL BUSINESS CONSULTANTS

Retail/Import Workshop - Information Pack Request

PERSONAL INFORMATION

Surname	First Name	Title	Date
Street Address			
Town/City	County	Postcode	
Phone No	E-mail Address		

BUSINESS INFORMATION

Investment Amount	Existing or New Business?	Planned shop size (sq. feet)
Will you have a retail premises?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you retail through internet auctions? YES <input type="checkbox"/> NO <input type="checkbox"/>
Will you be Wholesaling?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Proposed launch date
Will you run a website?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Main Product Line

COMMENTS

SIGNATURE

Signature	Date

Please post this form to: Retail Business Consultants,
69 Godmans Lane,
Marks Tey,
Essex. CO6 1NQ.
United Kingdom