



## WHOLESALE PROGRAM DETAILER APPLICATION

DATE:

### CONTACT INFORMATION:

Name:

Business Owner:

Phone Number:

Fax Number:

Business Name:

Business Street  
Address:

Email Address:

Website:

### GENERAL INFORMATION:

Years in business:

Do you offer mobile detailing, fixed-  
location detailing, or both?

How did you hear about Griot's  
Garage?

Are you currently using Griot's Garage  
products?

Are you currently using other brands of  
car care products? If so, which brands  
and what products?

*Have fun in your garage!<sup>®</sup>*

GRIOT'S GARAGE, 3333 SOUTH 38<sup>TH</sup> STREET, TACOMA, WA 98409  
800-345-5789 • www.griotsgarage.com

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Briefly explain why you are interested in using Griot's Garage products.

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What are your projected annual purchases of Griot's Garage products?

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Any additional information you would like to provide is appreciated.

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Please email the completed application and a copy of your business license to:

**[wholesale@griotsgarage.com](mailto:wholesale@griotsgarage.com)**

*Have fun in your garage!<sup>®</sup>*

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