

# ESSENTIALITIES® BULK APPLICATION

If you are interested in a bulk purchase, for your  
Company / Organization  
please fill in form and return,  
via email: [sande@essentialitiespts.com](mailto:sande@essentialitiespts.com);  
Fax: 580-350-6295

## BULK PURCHASE INFORMATION

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Company / Organization's Information

Company: \_\_\_\_\_ Role/ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Suite/Box #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Are you qualified to make decisions for the Company? YES / NO / ADMINISTRATIVE / LIMITED  
circle one



1. Type of Company/Organization: (e.g., Bed & Breakfast, Airbnb, Shelter etc,)

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2. Average number of weekly Customers? \_\_\_\_\_

3. How many rooms does your organization have? \_\_\_\_\_

4. Do you currently offer Hospitality Amenities? If so, What Brands:

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5. Specific Brand Types? \_\_\_\_\_

6. How many Kits would you need? \_\_\_\_\_

7. Who are your customers?

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We look forward to building a successful and prosperous relationship with you.  
Please take a moment to share your Company / Organization's needs.

