

WOLVES IN SHEEP'S CLOTHING

THE OVERLOOKED ART OF
CHRISTIAN STRATEGY

MALEKA VINCENT



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Wolves in Sheep's Clothing™ Wholesale Partnership Application

Thank you for your interest in becoming a wholesale partner. Please complete the questionnaire below so we can better understand your business and determine the best partnership opportunities available.

BUSINESS INFORMATION



Business Name: _____ Email Address: _____
Trading Name (if different): _____ Website: _____
Contact Person: _____ Physical Address: _____
Position/Title: _____ Country: _____
Phone Number: _____



BUSINESS PROFILE

1. What type of business do you operate?

Bookstore ☐
Online Store ☐
Gift Shop ☐
Clothing Retailer ☐
Church Bookstore ☐
Educational Institution ☐
Corporate Supplier ☐
Event Organizer ☐

2. How long has your business been operating?

Less than 1 year ☐
1-3 years ☐
4-7 years ☐
8+ years ☐

Do you currently sell books?

Yes ☐
No ☐

4. Do you currently sell apparel or merchandise?

Yes ☐
No ☐

PRODUCT INTEREST



Which products are you interested in stocking?

Hardcover Books ☐
Sweaters ☐
Hoodies ☐
Book & Sweater Bundles ☐
Book & Hoodie Bundles ☐
Future Merchandise Releases ☐
All Products ☐

Estimated First Order Quantity: _____

Expected Monthly Order Quantity: _____



PRODUCT INTEREST

Where will the products be sold?

Physical Retail Store

Online Store

Social Media

Events & Conferences

Church Network

School/University

Corporate Clients

☐
☐
☐
☐
☐
☐
☐

Please describe your target audience: _____

MARKETING & DISTRIBUTION



Do you have an existing customer base?

Yes

☐

No

☐

Approximate customer reach: _____

Do you actively market products through:

Facebook

Instagram

TikTok

LinkedIn

WhatsApp

Email Marketing

Physical Events

Other

☐
☐
☐
☐
☐
☐
☐
☐

PARTNERSHIP OBJECTIVES

Why are you interested in becoming a wholesale partner?

How do you believe our products align with your audience?



BUSINESS REFERENCES

Please provide two business references (optional).

Reference 1:

Business Name: _____

Contact Person: _____

Phone/Email: _____

Reference 2:

Business Name: _____

Contact Person: _____

Phone/Email: _____

DECLARATION



I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

Name: _____

Signature: _____

Date: _____



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