



Registered Retail Partner Inquiry Form

This form should be used to submit requests to become an authorized Little Sapiens retail partner. Please read the fine print before submitting a registered retail partner inquiry. Once you have read and agree to all Terms & Conditions of being a registered authorized partner, please complete this form and email it to support@little-sapiens.com.



Name of retail store:

Physical Address *(if this is an online only store put N/A):*

Brief description of store type including typical products sold.

Contact Information

Name:

Position with the company:

Preferred email address:

Preferred phone number:

Preferred method of contact *(Note that if none are selected, email will be the method used):*

Email

Phone call

Relevant Notes: