[Add your logo or company name]

**Product Sample Drop-Off Form**

Patient or Caregiver Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Role Rep\_\_\_Owner\_\_Other\_\_\_\_\_\_\_\_\_\_\_

Phone Number For Placing Orders\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Hours\_\_\_\_\_\_\_\_\_\_\_\_

How Did You Hear About Us? \_\_ Leafly \_\_\_WeedMaps\_\_\_Dr Referral Other\_\_\_\_\_\_\_\_\_

Is this your first time selling to this cannabis dispensary Yes No

Are you dropping off: Flower\_\_\_\_\_\_ Concentrates\_\_\_\_\_ Edibles\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_

Have these products been tested? \_\_\_\_\_\_\_\_Did you bring copies of the tests\_\_\_\_\_\_\_\_\_

If no, can you provide a web-link to the tests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(If Yes, please provide the link)

Product Availability- Always\_\_\_\_\_\_\_\_\_\_\_\_Sometimes\_\_\_\_\_\_\_\_\_\_\_\_Seasonal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On Call Delivery\_\_\_\_\_\_ YES\_\_\_\_\_\_\_NO

Use Space Below To List Products and Amounts Dropping Off Today

All information is kept confidential and answers are not mandatory, unless your state requires it.