

ORDER INTAKE FORM - INTENT TO PURCHASE

To: _____

Contract ID: _____

Product: _____

Date _____

<input type="checkbox"/> Flower	<input type="checkbox"/> Crude	<input type="checkbox"/> Full Spectrum Distillate
<input type="checkbox"/> Biomass	<input type="checkbox"/> Isolate	<input type="checkbox"/> Broad Spectrum, Distillate

CBD CBG CBN

Allowable THC Range	
CBD, CBG, or CBN Requested %	
Initial Spot Purchase Volume	
Ongoing Volume Purchase	
Frequency of Order (weekly, biweekly, monthly)	
Desired Price (be specific)	
Desired Delivery Date	
Desired Source Region	
Specific Request or Notes	
Contract Option (6,12,24 months)	

Protocol for Purchase (Spot buy/ Sampling requests, etc.):

1. All buyers completing this intake form must be prepared to provide POF before being connected to direct supplier. NO EXCEPTIONS. If POF can not be provided once quote is given your order will move to back of que.
2. Buyer must complete this form in its entirety.
3. Once intake form and all subsequent information (POF if using cash) is received, Buyer will sign a NDA between BUYER and SELLER (if Brokers and Agents are listed on intake form, they must be included in the NDA)
4. Seller will do their due diligence to verify POF and LOI provided.
5. Seller will provide Certificate of Analysis (COA) and Proof of life (POL) to Buyer.
6. Attorney to Attorney. (if preferred)
7. Contract signatures.
8. SOP for delivery and quarantine ensue.

How do you intend on paying? Protocol of Purchase: Escrow Wire Transfer Cash

1. POF - Proof of funds for all CASH purchases)
2. Bank information/Escrow Attorney information / Wire Information - Provide this if you do not intend to purchase with cash.
3. List of all approved agents, broker, or consultants for the BUYER.

4. Escrow Service (if buyer has desired escrow service put here):

Company: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____
 Contact: _____ Phone: _____

Seller will determine escrow service if buyer does not have one.

*****Please attach copy of proper License and resellers permit with fully completed intake form.*****

Company/Buyer Information:

Full Legal Name: _____

Name(s) of Authorized Individual (Signatories): _____

Corp or LLC name and State of Incorporation _____!

Managing Member and or CEO Full name

Full Addresses _____!

Phone Number _____!

Email Addresses _____

Law Firm Name: _____

Contact Person: _____

Phone: _____

Email: _____

Contractor/Consultant Information:

Individual Full Name and State of Residency _____

Corp or LLC name and State of Incorporation _____

Managing Member and or CEO Full name _____

Full Addresses _____

Phone Number _____

Email Addresses _____

****Please attach copy of any required Licenses and resellers permit with completed intake form.****