

# TOP SHELF GENETICS, LLC

## CLIENT INQUIRY FORM

---

Dear Valued Customer,

Top Shelf Genetics LLC values the opportunity to meet your needs. Please take a moment to share your thoughts and comments about your business, the challenges you may be facing, and your goals. Our mission is to assist our customers in reducing costs and increasing profits by offering efficient and precise solutions for their plants.

### CUSTOMER INFORMATION

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### TYPE OF BUSINESS CATEGORY

Please check the appropriate category:

- ☐ New Micro-Producer
- ☐ New Producer
- ☐ Existing Micro-Producer
- ☐ Existing Producer
- ☐ New Manufacturer
- ☐ Existing Manufacturer
- ☐ New Retailer
- ☐ Existing Retailer

### BUSINESS NEEDS

To better understand your business, please share any needs, concerns, or questions you would like to address:

---

---

---

---

---

**SCHEDULED APPOINTMENT**

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Top Shelf Genetics LLC, recommendations:

---

---

---

---

---

---

---

**FOLLOW UP APPOINTMENT**

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**Consent and Privacy:**

We may utilize your information internally to enhance your business. Your information will remain confidential and will not be shared with third parties. Thank you for taking the time to provide your information.

**Please email your completed client inquiry form to:**

**David@bbp-ts.com**

**Contact Information:**

TOP SHELF GENETICS, LLC  
1155 South Telshor Boulevard Ste 200  
Las Cruces, New Mexico 88011  
(575) 649-9060  
David@bbp-ts.com

Ts-genetics.com