

Complete this form to request to become a distributor or to use our distribution services

Let us know the purpose of your enquiry

- Becoming a distributor
 Looking for a distributor

DISTRIBUTOR INFORMATION

Name: First/Last <input type="text"/>	Business Name: <input type="text"/>	Business Address: <input type="text"/>
Position/Title: <input type="text"/> <input type="checkbox"/> Owner <input type="checkbox"/> Employee	Phone: <input type="text"/> <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> International number	Email: <input type="text"/> <input type="checkbox"/> Personal <input type="checkbox"/> Business
No. of years in business: <input type="text"/> <input type="checkbox"/> Registered <input type="checkbox"/> Corporation	Phone: (Country Code) City Code-Number <input type="text"/>	Preferred communication: <input type="checkbox"/> Phone <input type="checkbox"/> Email

DISTRIBUTION INFORMATION

What are you interested in working as? <input type="checkbox"/> Distributor <input type="checkbox"/> Sub-distributor <input type="checkbox"/> Broker <input type="checkbox"/> Reseller <input type="checkbox"/> Wholesaler <input type="checkbox"/> Liquidator	Your distribution capacity <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Global	Your distribution network(s) <input type="checkbox"/> <10 stores <input type="checkbox"/> 10-30 stores <input type="checkbox"/> 31-50 stores <input type="checkbox"/> 51-100 stores <input type="checkbox"/> >100 stores
	Warehousing & Logistics available? <input type="checkbox"/> Both <input type="checkbox"/> Warehousing only <input type="checkbox"/> Logistics only <input type="checkbox"/> None	No. of current products you carry <input type="text"/>
<input type="checkbox"/> Existing product Product ID: <input type="text"/> <input type="checkbox"/> New product <input type="checkbox"/> Product created with us Product ID: <input type="text"/>	Product details if you wish to use our distribution services: Product Name: <input type="text"/> Brand: <input type="text"/> Category: <input type="text"/> Description: <input type="text"/>	



PAYMENT INFORMATION

<input type="checkbox"/> WP access granted?	<input type="checkbox"/> NEQ <input type="text"/>
Payment Terms: <input type="checkbox"/> Net30 <input type="checkbox"/> Net45 <input type="checkbox"/> Net60	<input type="checkbox"/> GST/QST/HST <input type="text"/>

BANKING INFORMATION

<input type="checkbox"/> EFT accepted A/P email for EFT: <input type="text"/>	Bank Name: <input type="text"/>	Bank Address: <input type="text"/>
	<input type="checkbox"/> International Bank SWIFT Code/IBAN: <input type="text"/>	Account Number: <input type="text"/> Account Type: <input type="checkbox"/> Chequing <input type="checkbox"/> Saving

OTHER REQUIREMENTS

