



New Distributor Application Form

Distributor Name: _____

Address: _____

Phone#: _____ Fax#: _____

Company Web Address: _____

Date incorporated or otherwise organized: _____

Owner(s) and/or officer(s) of Applicant:

Name	Address

Total Number of Employees: _____

Number of Outside Salesmen: _____ Number of Inside Salesmen: _____

Customer Service/Purchasing Contact: _____

Please list 3 trade references:

Creditor Name	Creditor Address	Contact Name and Telephone

Country or countries in which Applicant proposes to sell Camsco products:

Does Applicant sell products directly via website? _____

Names of Applicant's officer(s)/employee(s) to be responsible for Camsco sales:

Name	Email	Phone Number

Do you have experience as a country-exclusive distributor? _____

What brands do you currently represent?

Who are your major competitors and how do you differentiate yourself?

Why are you interested in representing Camsco products?

Who would be your target clients and how will you inform them of your new offerings?

What information do you need from Camsco to promote sorbent tube sales?

Date completed by Applicant: _____ , 20 _____

Signature

Printed Name of Person Signing

Title