

DISTRIBUTOR REQUEST FORM

Company Name: _____

Address: _____

Tel: _____

Fax: _____

E-mail: _____

Web: _____

Contact Person: _____

Brief Description Of Business: _____

Geographical Area Of Operation: _____

Year Business Established: _____

No Of Employees: _____

Typical Yearly Turnover: _____

Additional Remarks: _____

