

# DISTRIBUTOR/REPRESENTATIVE QUESTIONNAIRE

Rev: 2-Feb-2010

This form can be submitted to VIMCO™ as follows:

- 1 Use Mouse + Tab/Arrow keys to fill this form electronically. Save pdf file and email to sales@vimco.biz.
- 2 Print form; fill and fax to VIMCO: +1 713-263-1133

\* Required Fields are in red

**1** \* Company name:

**2a** \* Mailing address:

Line 1:	<input type="text"/>
Line 2:	<input type="text"/>
City:	<input type="text"/>
Province / State:	<input type="text"/>
Country:	<input type="text"/>
Postal / Zip Code:	<input type="text"/>

**3** \* Communication:

* Tel:	<input type="text"/>
Tel (alt):	<input type="text"/>
Fax:	<input type="text"/>
E-mail:	<input type="text"/>

**2b** Website (URL):

**4** \* Contacts:

	<u>Name</u>	<u>Title</u>
a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>

**5** \* Type of Business:   
*(Incorporated, Partnership, Sole Proprietorship, etc.)*

**7** \* Sales Turnover :

* Previous year	\$ <input type="text"/>
* Year before previous	\$ <input type="text"/>

**6** \* Year business established in present form:

**8a** \* Expected annual turnover for VIMCO™ products: \$

**8b** \* Planned initial inventory of VIMCO™ products: \$

**9** \* Sales territory :

**10** \* No. of sales personnel :

* Technical	<input type="text"/>
* Non-Technical	<input type="text"/>

**11** \* Manufacturers / Product Lines currently represented :

**12** \* Warehouse / Showroom facilities (please list) :

**13** Additional :

