

DISTRIBUTOR/REPRESENTATIVE QUESTIONNAIRE (DRQ)

Rev: 27-Feb-2014

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: +1-713-983-9933

* Required Fields are in red

1 * Company name:

2a * Mailing address:
Line1:
Line 2:
City:
Province / State:
Country:
Postal / Zip Code:

3 * Communication:
* Tel:
Tel (alt):
Fax:
E-mail:

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 \$
* Year before previous \$

6 * Year business established in present form:

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

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

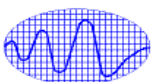
9 * Sales territory :

10 * No. of sales personnel :
* Technical
* Non-Technical

11 * Manufacturers / Product Lines currently represented :

12 * Warehouse / Showroom facilities (please list) :

13 Additional :



VIMCO