

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 :

