

# DISTRIBUTOR/REPRESENTATIVE QUESTIONNAIRE

This form can be submitted to VIMCO™ as follows:

- 1 Use Mouse + Tab/Arrow keys to fill this form online; click on 'E-mail form' button below to submit electronically.
- 2 Print form; fill and fax to : **+1 713-263-1133**

\* 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:

	Name	Title
a.		
b.		
c.		

**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 :

