

## International Distributor Application - 2016



1.	Name of Business:						
	Do you conduct business under any other names? (Yes/No):						
	If yes, please list any current or past DBA(s):						
2.	Business Mailing/Shipping Address:						
3.	Business Billing Address:						
4.	Business Telephone Number (including country code):						
5.	Business Fax or efax Number (including country code):						
6.	Business Email Address:						
7.		e:					
8.	Name and Title of a.) Primary Contact Person: b.) Secondary Contact Person:						
9.	Number of Years in Business:						
10.	Annual Gross Sales in USD (past fiscal year):						
11.	Current Number of Active Customers on File:						
12.	Marketing Efforts: a.) Do you produce a catalog (Yes/No):						
	NOTE: Please return samples of your catalog and other printed promotional materials with this application.						
	b.) Do you display at any tradeshows (Yes/No)? If yes, please list and specify whether you display or attend:						
	c.) Do you employ sales or marketing representatives who call customers? Please describe:						
13.	Territory: Into which countries do you actively market, sell, ship, distribute and/or attend conferences? (Please list all that apply):						
14.	Distribution/Business S	tructure: a.) Number of Employees:					
		b.) Number of Sales Representatives:					
15.		c.) Number of Customer Service Representatives:					
		d.) Number of Warehouses:					
	Retail: a.) Do you ov	wn any retail locations? (Yes/No): If yes, how many?					
		onduct e-commerce? (Yes/No): If yes, please list URL(s):					
16.	Please circle the category(s) that best describe(s) your current product offering. (circle all that apply):						
	Tracking/Telematics	Fleet Management CCTV/MDVR Aftermarket Equipment Software/Apps Installations					
	_	:					
17	Does your company distribute technology products? (Yes/No): If yes, please list below:						
	,,,,,,						
	How many units do you	sell per year?					
	,						



## International Distributor Application (continued)

18.	Does your company distribute Tra	cking/Telematics/CCTV pro	ducts? (Yes/No): If yes, please list below:			
	How many technology products, systems, units, do you sell per year?					
	de References: Please list three com plication will not be processed withou	•	e done business in the last 12 months			
1.)	Name of Business:					
	Address:					
			Email:			
	Contact Name and Title:					
	Type of Business:		Account Number:			
2.)	Name of Business:					
			Email:			
	Contact Name and Title:					
			Account Number:			
3.)	Name of Rusiness					
3.,						
	Address:		Email:			
			Account Number:			
	Type of business.		Account Number.			
Fina	ancial Reference(s): Please provide	your banking reference loca	lly, internationally and/or in the Republic of South Africa, if possible.			
1.)	Name of Business:					
	Address:					
	Telephone:	Fax:	Email:			
	Contact Name and Title:					
	Type of Business:		Account Number:			
2.)	Name of Business:					
	Address:					
			Email:			
	Contact Name and Title:					
			Account Number:			

Thank you for completing this application. Please return via email to the attention of EyeZon Franchise Department.

All information provided will be held in strict confidence. | Phone: +27861EYEZON (393966) | Email: <a href="mailto:franchise@eyezon.co.za">franchise@eyezon.co.za</a>