FULFLEX DISTRIBUTOR/ AGENT INQUIRY FORM

Date: \_ \_/\_ \_/\_ \_ \_ \_

 DD/MM/YYYY

**Distributor 🞏 Agent 🞏**

|  |  |  |
| --- | --- | --- |
| 1 | Company Name\* |  |
| 2 | Address\* |  |
| 3 | City, State\* |  |
| 4 | Phone\* |  |
| 5 | Website\* |  |
| 6 | Fax\* |  |
| 7 | Key Contact (President/ Promoter/ Principal/ CEO etc.) \* |  |
| 8 | Head of Sales | Name :Email : |
| 9 | Head of Procurement | Name :Email : |
| 10 | Key market segments served\* |  |
| 11 | Key market segments requested |  |
| 12 | Geographic area served |  |
| 13 | Key product in the segment served  |  |
| 14 | Key product in the segment requested |  |
| 15 | Geographic area requested\* |  |
| 16 | Annual revenue (LY est.) |  |
| 17 | Estimated market potential for the Distributorship/Agency applied for |  |
| 18 | Key product groups sold |  |
| 19 | Current competitive suppliers |  |
| 20 | Are there current purchases from Fulflex? |  |
| 21 | YTD Fulflex Sales |  |
| 22 | Distributor/ Agent contact |  |
| 23 | Why is this business relationship a good fit for both companies |  |

Note - \* marked fields are mandatory to be filled.

Please email the filled form to either of below listed email Ids. One of our sales specialists shall reach out shortly:

salesusa@fulflex.com | saleseurope@fulflex.com | salesindia@fulflex.com

**Thank you for your interest in partnering with Fulflex.**