

Phone: +31 (0) 492-752756
Fax: +31 (0) 492-752122
Website: www.exodus-intl.com
E-mail: sales@exodus-intl.com

DISTRIBUTOR APPLICATION FORM

We are pleased that your company is interested in becoming an Exodus partner. In order to provide our customers with a value-added support of the highest level we set high standards when it comes to the appointment of new distributors.

In order for us to review your application we kindly ask you to fill out the below fields and return this document to sales@exodus-intl.com or by fax to +31492752122

Name:		
Title:		
Business Name:		
Legal Entity:		
Address:		
Postal Code:		
City:		
Country:		
Phone:		
E-mail:		
Website:		
Number of Employees Year of establishment Average annual sales: Number of branch offi	•	
Your expertise What are the fields of	expertise within your company?	
Requested territory Provide a detailed des	scription of the geographical territory	you seek for Exodus products

- Chamber of commerce: 17069422
- VAT nr: NL165569190B02



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Peer group Provide a brief explanation on activities of the peers within your territory, what brand(s) are they selling, market share etc.									
Marketing strategy Provide a brief explanation on your marketing & sales strategy for Exodus Products:									
Trading references Provide at least 3 (international) trading references:									
	Company Name		Contact Person		Phone	E-mail			
1									
3									
4									
5									
Non-disclosure: Exodus International agrees not to disclose any of the provided information to any other company or individual.									
I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. In the event that a distributor agreement is entered, I understand that false or misleading information given in this application may result in immediate termination of any agreement.									
Date	e:								
Nam	ne:								
Posi	tion:								
Sign	nature:								

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