

**NEW
APPLICATION**



**DISTRIBUTOR
FORM**

DISTRIBUTOR INFORMATION

DISTRIBUTOR NAME:

DATE:

ADDRESS:

CITY:

STATE/PROVINCE:

POST CODE:

COUNTRY:

PHONE:

FAX:

EMAIL:

COMPANY WEB ADDRESS:

PRINCIPAL CONTACT AND TITLE:

PRINCIPAL CONTACT'S EMAIL:

NUMBER OF SALESPEOPLE:

PURCHASING CONTACT:

REFERENCES AND BANKING INFORMATION

PLEASE PROVIDE THREE TRADE REFERENCES:

- 1.
- 2.
- 3.

YOU WILL BE ENTERED INTO A PREPAYMENT PLAN. ONCE A HISTORY HAS BEEN ESTABLISHED, BMC EXTREME CUSTOMS INC. WILL DETERMINE WHETHER TO OPEN A CREDIT ACCOUNT. BMC EXTREME CUSTOMS INC. DOES NOT GUARANTEE EVERY COMPANY WILL HAVE THE OPPORTUNITY TO ENTER INTO A REVOLVING CREDIT ACCOUNT.

DISTRIBUTION SERVICE

NUMBER OF YEARS IN BUSINESS:
NUMBER OF SALES EMPLOYEES:
ANNUAL REVENUE (SPECIFY CURRENCY):
TERRITORY:

**PLEASE STATE HOW YOU PLAN TO MARKET AND PROMOTE BMC
EXTREME CUSTOMS INC:**

PLEASE LIST THE TRADE SHOWS YOUR COMPANY ATTENDS EACH YEAR:

**HOW MANY BMC EXTREME CUSTOMS UNITS DO YOU EXPECT TO SELL IN
THE NEXT TWELVE MONTHS?**

FOR BMC EXTREME CUSTOMS INTERNAL USE

BMC EXTREME CUSTOMS Limited representative:

Target Markets:

Type of Distributor (general/specific market):

What other similar products does the distributor sell?

Specify Territory the distributor will sell in: