



Dealership Form

			Date:		
Personal Information					
Full Name:					
Address:					
Mobile:					
Languages Spoken:					
Corporate Information					
Company Name:					
Address:					
Year of Establishment:			No. of Employees:		
Tel1:					
Tel2:					
Fax:					
Email:					
Web site:					
Company Profile:					
Current Product Lines:					
Are you representing any other competing companies (if Yes, please provide details):					
Products you are Interested in Representing:					
Business Channels (tick):					
Direct Imports	Sub-distributors	Manufacturers			
What territories in your country do you currently cover?					