



DISTRIBUTOR APPLICATION

COMPANY INFORMATION

Company Name _____

President/Owner _____

Address _____

City _____ State _____ Zip _____

Country _____ Postal Code _____

Telephone _____ Fax _____

E- Mail _____ Website: _____

COMPANY PROFILE

(1) Year Established _____ (2) Estimated Annual Jonard Purchases _____

(3) Number of Employees _____

(4) Number of Salespeople Inside _____ Salespeople Outside _____

(5) What geographical areas do you sell to? _____

(6) How did you first learn about Jonard? _____

(7) Describe the types of customers and industries you sell to? _____

(8) Which products are you interested in? _____

(9) What other manufacturers' products do you sell? _____

(10) Do you have the capability to provide a Point of Sales Report if requested by Jonard Tools?

(11) Please forward your catalog or line card with this application.

(12) Does your company sell on any 3rd party marketplaces such as Amazon or Ebay? (Y/N)?

(12a) If you answered Yes to question 12; What is your seller/vendor names for each marketplace that you sell on and provide us with a link to your storefront(s). _____

(13) What percentage of your business is done through: a- 3rd Party Marketplace sales _____ %
 b- Directly on Company website _____ %
 c- Branch/Retail locations _____ %

(14) Please list all DBA's and Trade names associated with your company _____

Please complete this form and enclose your resale certificate and credit references (3 commercial and 1 bank reference).

Name _____ Date _____