

# DISTRIBUTORS/CUSTOMERS Application Form

ID No: AML/000

Company Name:

Address:

City: State: Country:

Nature of Firm: Proprietorship:  Partnership:  Ltd:  PLC:

Date of Establishment: RC/Registration:

Phone: Mobile: Fax:

Email: Website:

### Key Contact Person:

First Name: Surname:

Position: Department:

Nationality: Marital Status: Date of Birth:

Email Address:

### Bankers Name & Address:

Bank Name: Branch:

Address:

Phone: Account Officer:

### Distribution Details:

Type of Business presently being handled (please select as applicable

Manufacturing  Distribution  Trading  Wholesale  Imports/Exports

Monthly Turnovers: Annual Turnover:

Business Location/Territory:

Which geographical area would you like to represent for Alsteg & Midlands Products?

Monthly Target: Expected Sales Target:

### Business Facility/Infrastructure:

Office Space (sq. ft): Store Space (sq. ft):

No. of Staff: Sales Persons Name:

I hereby certify that information provided above is correct

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Seal/Stamp