



## International Distributor Application - 2018



1. **Name of Business:** \_\_\_\_\_  
**Do you conduct business under any other names? (Yes/No):** \_\_\_\_\_  
**If yes, please list any current or past DBA(s):** \_\_\_\_\_
2. **Business Mailing/Shipping Address:** \_\_\_\_\_
3. **Business Billing Address:** \_\_\_\_\_
4. **Business Telephone Number (including country code):** \_\_\_\_\_
5. **Business Fax or efax Number (including country code):** \_\_\_\_\_
6. **Business Email Address:** \_\_\_\_\_
7. **Business URL/Website:** \_\_\_\_\_
8. **Name and Title**  
a.) Primary Contact Person: \_\_\_\_\_  
b.) Secondary Contact Person: \_\_\_\_\_
9. **Number of Years in Business:** \_\_\_\_\_
10. **Annual Gross Sales in USD (past fiscal year):** \_\_\_\_\_
11. **Current Number of Active Customers on File:** \_\_\_\_\_
12. **Marketing Efforts:**  
a.) Do you produce a catalog (Yes/No): \_\_\_\_\_  
**NOTE: Please return samples of your catalog and other printed promotional materials with this application.**  
b.) Do you display at any tradeshows (Yes/No)? If yes, please list and specify whether you display or attend: \_\_\_\_\_  
\_\_\_\_\_  
c.) Do you employ sales or marketing representatives who call customers? Please describe: \_\_\_\_\_  
\_\_\_\_\_
13. **Territory: Into which countries do you actively market, sell, ship, distribute and/or attend conferences? (Please list all that apply):**  
\_\_\_\_\_  
\_\_\_\_\_
14. **Distribution/Business Structure:**  
a.) Number of Employees: \_\_\_\_\_  
b.) Number of Sales Representatives: \_\_\_\_\_  
c.) Number of Customer Service Representatives: \_\_\_\_\_  
d.) Number of Warehouses: \_\_\_\_\_
15. **Retail:**  
a.) Do you own any retail locations? (Yes/No): \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
b.) Do you conduct e-commerce? (Yes/No): \_\_\_\_\_ If yes, please list URL(s): \_\_\_\_\_  
\_\_\_\_\_
16. **Please circle the category(s) that best describe(s) your current product offering. (circle all that apply):**  
Tracking/Telematics    Fleet Management    CCTV/MDVR    Aftermarket Equipment    Software/Apps    Installations  
Other (Please describe): \_\_\_\_\_
17. **Does your company distribute technology products? (Yes/No):** \_\_\_\_\_ If yes, please list below:  
\_\_\_\_\_  
**How many units do you sell per year?** \_\_\_\_\_



## International Distributor Application (continued)

18. Does your company distribute Tracking/Telematics/CCTV products? (Yes/No): \_\_\_\_\_ If yes, please list below:

\_\_\_\_\_

How many technology products, systems, units, do you sell per year? \_\_\_\_\_

**Trade References: Please list three companies with whom you have done business in the last 12 months**  
(application will not be processed without this information).

1.) **Name of Business:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Account Number: \_\_\_\_\_

2.) **Name of Business:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Account Number: \_\_\_\_\_

3.) **Name of Business:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Financial Reference(s):** Please provide your banking reference locally, internationally and/or in the Republic of South Africa, if possible.

1.) **Name of Business:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Account Number: \_\_\_\_\_

2.) **Name of Business:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Thank you for completing this application. Please return via email to the attention of EyeZon Franchise Department.**

**All information provided will be held in strict confidence. | Phone: +27861EYEZON (393966) | Email: [franchise@eyezon.co.za](mailto:franchise@eyezon.co.za)**