DISTRIBUTOR APPLICATION

Company Name:		
Contact Name:		
Address:		
Tel:	**Fax:**	**Mobile:**
Email:		

Specific Territory Requested:		
# Years in Business:	**# Employees:**	**# Salesman:**
# of Trucks:	**# of Warehouses:**	**Total Size:**
# of Customers:	**Annual Turnover (USD):**	
Type of Customers: [ ] Wholesalers [ ] Retailers [ ] Small Distributors [ ] Repair Shops		
List your estimated purchasing volume of BEX products (indicate 20 or 40' container)		
Year 1:	**Year 2:**	

LIST PRODUCT LINES & NAMES OF OTHER COMPANIES YOU CURRENTLY DISTRIBUTE

Company Name / Country	Products	Annual Sales (USD)

TRADE OR BUSINESS REFERENCES

Company Name	Address	Phone & Email

Return Application for Confidential Review to: bexusa@hotmail.com