



## Distributor Application Form

Please fill out the below two pages and send it to info@canbat.ca when completed.

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Position with company: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_

Company type  Independent Company  Branch Office  Agent

Others, please specify \_\_\_\_\_

Telephone (country code + area code + phone number): \_\_\_\_\_ Fax (country code + area code + phone number): \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

### Detailed Information

1. Company established date:

\_\_\_\_\_

2. Capital amount:

\_\_\_\_\_

3. Primary customer type and market(s) are?

\_\_\_\_\_

\_\_\_\_\_

4. Which of Canbat battery product lines do you wish to distribute?

All Purpose  Deep Cycle  Extended Life  Front Terminal

OPzS  Tubular OPzV  VRLA GEL  High Rate

5. Currently distribute which brand(s) of battery products?

None       If Yes, please specify: \_\_\_\_\_

6. Do you currently have a binding contract with any other battery supplier?

Yes       No      If Yes, please specify: \_\_\_\_\_

7. What is the total annual revenue of your company for the past 3 years? \_\_\_\_\_

8. How do you wish to have Canbat Batteries assist you in promoting the Canbat brand locally?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Distribution Territory**

Please list the territory or territories that your company would like to distribute and represent Canbat :

Territory A	
Territory B	
Territory C	
Territory D	

Please make sure that all information provided above is correct and factual. Once the form is complete, all information listed will be kept strictly confidential between the company applying and Canbat Batteries. It shall not be released to any third party.

Company Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Company Stamp: \_\_\_\_\_