



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: _____