



# WITS V1

## Distributor Application Form

All information will be kept confidential.

Kindly print out this form fill in by hand or type, scan and send to our Email:

wits123ceo@gmail.com

Country requested:

Region requested:

**IMPORTANT: WITS CLINIC receives a large number of inquiries regarding distribution opportunities. All applications will be processed carefully and as quickly as possible. Due to the number of inquiries, WITS CLINIC does not arrange shipment of samples, which are at your cost, until discussions with potential distributors are at a more advanced stage. All information provided will be confirmed to determine its accuracy. Inaccurate, misleading or false statements may result in the application to become a WITS CLINIC distributor being rejected.**

Company Name

Address

City

State/ Prov

Postal Code

Country

Contact email

Year business Established

Number of employees

Annual Sales

Registered Owner(s)

### Company Profile

Contact Name

Phone

What geographic territory does your company currently cover?

Business Type  
more than one choice

☐ Distributor  
☐ Importer  
☐ Exporter  
☐ Retailer  
☐ Wholesaler  
☐ Manufacturer

Current Business Activity Focus

Beverage types

☐ Beverages

☐ Water

☐ Spirits

☐ Health Drinks

☐ Food

☐ Beer/ Wine

☐ Soft Drinks

☐ Other

☐ Both

List others

Brands currently represented

Do you currently use re-sellers or sub-distributors?

☐ Yes

☐ No

If yes, how many?

Own warehouse?

Facility size

Facility location(s)

Number of outside sales personnel?

Number of delivery vehicles owned?

Other benefits your business can provide?

## Existing Customer Profile

Please check the client sector you service, then enter the number of client accounts, and the percentage of your total business this sector represents

<b>Retail</b> <input type="checkbox"/>	<b>Restaurant</b> <input type="checkbox"/>	<b>Hotels</b> <input type="checkbox"/>	<b>Nightclubs</b> <input type="checkbox"/>	<b>Healthclub-spa</b> <input type="checkbox"/>	<b>Health stores</b> <input type="checkbox"/>
<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number
<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent
<b>Vending</b> <input type="checkbox"/>	<b>Convention</b> <input type="checkbox"/>	<b>Cafes</b> <input type="checkbox"/>	<b>Food Service</b> <input type="checkbox"/>	<b>Convenience</b> <input type="checkbox"/>	<b>Sports Venues</b> <input type="checkbox"/>
<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number
<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent
<b>Entertainment</b> <input type="checkbox"/>	<b>Schools</b> <input type="checkbox"/>	<b>Colleges</b> <input type="checkbox"/>	<b>Universities</b> <input type="checkbox"/>		
<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number	<input type="text"/> Number		
<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent	<input type="text"/> Percent		

## Intended Activities

Which client base(s) will you target

Briefly describe your business plan/ marketing plan

Please provide two client references

Reference 1

Company

Address

City

State

Postal Code

Country

Contact Name

Contact's email

Reference 2

Company

Address

City

State

Postal Code

Country

Contact Name

Contact's email