



CHIEF BRAND PRODUCTS

144-150 Ackbar Road, Charlieville, Chaguanas, 500529, Trinidad & Tobago, W.I.

Phone: (868) 665-4144/5012 | Fax: (868) 665-5006 | Website: www.chief-brand.com

DISTRIBUTOR APPLICATION FORM

A. Company Contact Information	
Principal Contact Name:	Company Name:
Title:	Company Address:
Phone #:	City/State:
Email:	Postal (Zip) code:
Company web address:	Fax #:

Application For: Retailer Distributor Agent

B. Company Background Information	
Company Slogan:	
Type of Business:	
Products/Services you currently offer: (Eg. Food/Beverage, Automotive)	
Number of years in business:	
Number of locations:	
Number of Sales Representatives*:	
Number of Marketing Staff:	
Number of Full-time Employees:	
Number of Warehouse Facilities:	Details:
Market Coverage: <input type="checkbox"/> Region <input type="checkbox"/> Country <input type="checkbox"/> Continent <input type="checkbox"/> Global (Please Specify)	
Target Market (s):	
How do you go out to the market? <input type="checkbox"/> Direct Sales Force <input type="checkbox"/> Sub Distributors <input type="checkbox"/> Catalog <input type="checkbox"/> Retail Outlets <input type="checkbox"/> Internet Sales <input type="checkbox"/> Other_____	
Yearly revenue in US dollars: US\$ _____	Percentage % Budgeted for CHIEF _____%



CHIEF BRAND PRODUCTS

144-150 Ackbar Road, Charlieville, Chaguanas, 500529, Trinidad & Tobago, W.I.

Phone: (868) 665-4144/5012 | Fax: (868) 665-5006 | Website: www.chief-brand.com

D. General Information

To whom should we e-mail Pricelists, New Product & Promotional Information?

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

Please provide three trade references with whom you have had an active account for at least six (6) months:

REFERENCE #1

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

REFERENCE #2

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

REFERENCE #3

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

Preferred Payment Options (US\$):

Check

Wire Transfer

N.B: All NEW distributors are required to make advance payments for the first three (3) orders after which payment terms will be considered.

Bank Reference:

Bank Name: _____

Contact Name: _____

Address: _____

Account# _____

Phone# _____

Fax # _____

Certification:

I certify that the above information is complete and accurate to the best of my knowledge.

Authorized Signature

Date of Application

Name of Person Completing Form

Phone Number

Title of Person Completing Form

E-mail of Person Completing Form