

APPLICATION FORM

This form consists of 2 pages. We will contact you after we have had time to consider your information.

We are looking forward to working with you. We want to be assured that you can bring our products to your customers in a timely, expert and professional manner. We want to know that you have considered how you will grow this business and that you can offer an excellent level of support to your customers. For these reasons we are interested to learn all about you and your business. These questions are designed to help us do that.

Please complete all questions.

| | | | |
|-------------------------------|---------------|-----------------|--|
| Your Name | | | |
| Name of your business | | | |
| Address of your business | Line 1 | | |
| | Line 2 | | |
| | Line 3 | | |
| | City | | |
| | Postcode/ ZIP | | |
| Country | | | |
| Telephone | | Fax | |
| Email | | | |
| Website | | | |
| Your position in the business | | | |
| Company Registration Number | | VAT(Tax) Number | |

| | |
|---|--|
| Company started trading (mm/yy) | |
| Gross sales last financial year (Local currency) | |
| <p>We will perform credit/ company checks on all applicants and their companies. Please provide any further information that will assist us with this</p> | |

YOUR BUSINESS PLANS

1. What do you see as the market opportunities in your region?
2. What is your plan for capturing that market?
3. Estimate your monthly usage of our products– try to list products separately.
4. Do you already have a distribution network in place?
5. What do you feel you have that will develop the Safe Floor product range?
6. What targets are you setting for yourself/ your company and how do you plan to achieve them?

Please feel free to attach and documents that support your application. All business plans and information that you trust to us will be treated as strictly confidential.

Please sign below;

I have fully read and understood all relevant documentation in the Distributor Presentation pack and I apply for appointment as a distributor as detailed above. I enclose a copy of my signed Distributor Contract.

Signed _____ Name _____

Date _____