



APPROVED STOCKIST APPLICATION FORM

STOCKIST INFORMATION

STOCKIST NAME:

DATE:

ADDRESS:

CITY:

STATE/PROVINCE:

POST CODE:

COUNTRY:

PHONE:

FAX:

EMAIL:

COMPANY WEB ADDRESS:

PRINCIPAL CONTACT AND TITLE:

PRINCIPAL CONTACT'S EMAIL:

NUMBER OF SALESPEOPLE:

PURCHASING CONTACT:

REFERENCES AND BANKING INFORMATION

PLEASE PROVIDE THREE TRADE REFERENCES:

- 1.
- 2.
- 3.



PLEASE LIST BANK INFORMATION:

BANK NAME:
BANK PHONE NUMBER:
BANK CONTACT NAME:
BANK ACCOUNT NUMBER:

NUMBER OF YEARS IN BUSINESS:
NUMBER OF SALES EMPLOYEES:
ANNUAL REVENUE (SPECIFY CURRENCY):
TERRITORY:

PLEASE STATE HOW YOU PLAN TO MARKET AND PROMOTE CIGLOW LIGHTERS:

PLEASE LIST THE TRADE SHOWS YOUR COMPANY ATTENDS EACH YEAR:

HOW MANY CIGLOW LIGHTER UNITS DO YOU EXPECT TO SELL IN THE NEXT TWELVE MONTHS?

FOR CIGLOW INTERNAL USE

Ciglow Industrial Services Limited representative:

Target Markets:

Type of Stockist (general/specific market):

What other similar products does the Stockist sell?

Specify Territory the Stockist will sell in:

Approved:.....