



DISTRIBUTORSHIP APPLICATION

Company Background Information

Name of Company: _____

Trading as: _____

Address: _____

Telephone _____ Facsimile _____

State (Country) of Incorporation or Organization _____

Type of Entity: Corporation Partnership

Limited Liability Co. Other

Ownership/Management Information

Principal Owners (complete name)

1. _____

2. _____

3. _____

Years in Business _____

Does your company carry product liability insurance? List carrier and amount of coverage.

Carrier _____ Individual Limit \$ _____

Type of Coverage _____ Aggregate Limit \$ _____
Expiration _____ Deductible \$ _____

Credit References (name, address and telephone number):

1. _____

2. _____

3. _____

As an individual, as an officer of a corporation or as a partner in a partnership, have you ever filed for bankruptcy voluntarily or been proceeded against involuntarily as bankrupt. If yes, give details—date, court cast number, etc.

Product Information

Please list the territory(s) for which you are seeking distribution rights:

Please list the License(s) you are seeking:

Description of Product(s) for which you seek a distributorship/license:

List other products your company sells that are not included in this Distributorship Application.

Specify any licenses your business currently holds, if any:

For what types of products?

Marketing Information

Describe any advertising and promotional materials or programs you plan to use to market the above product(s)

Describe anticipated timing for the marketing for each proposed licensed product.

Does your company use an advertising agency?

1. Name _____

2. Address _____

3. Key Contact _____

4. Telephone _____

D. What amount of advertising, promotion and merchandising funds do you plan to spend in support of this new licensed/distributed product for the first year should you receive the license?

\$ _____ And what type?
Consumer Advertising Trade Advertising Other (please explain:

Sales Trade Incentives

Does your company have product design and artwork capability?

YES NO

If yes, who does the design?

Company Art Department Freelance Agency

Sales and Distribution Information

Company sales volume for most recent year _____

Company sales volume for previous year _____

Distribution capability:

International (No. of Countries _____) list:

National Regional (No. of States _____)

Sales Force:

Own Sales Force No. of Salespersons _____
Reps. Jobbers, etc. No. of _____
Agents No. of _____
Total number of Field Sales Force _____

Current Distribution:

Type of Account

Percent of Sales

Volume

Leading

Accounts Sold

1. National Chains _____
2. Regional Chains _____
3. Department Stores _____
4. Buying Offices _____
5. Discount Stores _____
6. Drug Stores _____
7. Food Stores _____
8. Convenience Stores _____
9. Catalog Stores _____
10. Toy Stores _____
11. Other (Specify) _____

G. Requested term of Distributorship/License: _____

H. Proposed Advance amount: _____

I. Accounts to whom you plan to sell the licensed products:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please list trade references we can contact who would be able to provide us with an opinion on your company's product line and performance:

Company Name Contact Telephone number

List trade shows where you exhibit your product:

Warehousing Information (Please describe your current warehousing facility)

Statement of Interest (Please indicate why your company should be selected distributorship rights for the product and territories under this application)

Prospective Distributor Statement

I hereby attest that the information included herein is true and complete. I understand that this application does not constitute an offer from PGM International Ltd. or imply any obligation on the part of PGM International Ltd. to grant a distributorship.

Signature _____

Print Name: _____

Title: _____

Date: _____