

steri-bottle®

WHOLESALE APPLICATION FORM

To qualify for distributor prices, please complete this electronic form and email to

info@steribottle.com

Please complete all questions where applicable and save the document.

Company Name:

Trading Name (if different):

Business Type:

Address:

Shipping Address (if different):

Contact Name:

Title/Job Role:

Tel:

Fax:

Mobile:

Company email:

Website:

European Added - Value Tax No:

COMPANY INFORMATION ABOUT YOUR BUSINESS

| | | | |
|-----------|------------|---------------------|----------------|
| Turnover: | < €100,000 | €100,000 - €500,000 | €500,000 - €1M |
| | €1M - €5M | above €5M | |

Country/Region/Territory Covered: Products Sold at Present:

Do you have field sales reps?

Marketing strategy:

Selling to:

Length of Time in Business: less than 1 yr 1 - 3 yrs 3 - 5 yrs over 5 yrs

Trade exhibitions planned this year:

Name of show Location:

Do you publish a catalogue?

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

Name of Person Completing Form

Date

Title of Person Completing Form

Contact number

Email address of Person Completing Form