



DISTRIBUTION / PARTNER APPLICATION FORM

Please complete this form in full. Complete, save and email to partners@wallacedouglas.com

1. Complete Legal Name of Company

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2. Contact Name

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3. Complete Business Location Address (Street, City, Country)

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4. Complete Business Mailing/Shipping Address (Street, City, Country)

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5. Communication Information

Business Phone:	
Mobile/Cell Phone:	
Fax Number:	
Other Phone:	
Email Address:	
Website:	

Please include Country Code

6. Names of Owner(s) & Principals

i.	
ii.	
iii.	
iv.	



7. In what year was your company established?

8. Annual Revenue *(please mark with an X)*

< 1 Million Dollars		< meaning less than > meaning greater than	< 25 Million Dollars	
< 5 Million Dollars			< 50 Million Dollars	
< 10 Million Dollars			> 50 Million Dollars	

9. Number of Employees

< 10 Employees		< meaning less than > meaning greater than	< 100 Employees	
< 25 Employees			< 200 Employees	
< 50 Employees			> 500 Employees	

10. What does your company do?

11. In what countries/regions does your organization have offices or representatives?

12. What are the primary industries you sell/provide products and services to?

Name of Person completing form	Title

*Thank you for completing our partnership application.
The appropriate Director for your Country/Region will contact you as soon as possible.*