distributor information form

contact info
full name of organization:

eb address: lling address:			chinni	ng (street) address (if diffe	erent):
lling address:		shipping (street) address (if different):			
accounts payable contact:			order	processing contact:	
title:			title:		
phone:	fax:		phone	2:	fax:
e-mail:			e-mai	l:	
warehouse/receiving contact:			acquis	itions contact:	
title:			title:		
phone:	fax:		phone	2:	fax:
e-mail:			e-mai	l:	
company officer (<i>primary</i>):			company officer (secondary):		
title:	SSN:		title:		SSN:
phone:	fax:		phone	: :	fax:
e-mail:			e-mai	l:	
business info					
full name of parent company: (if sub	osidiary)				
primary business of organization:					
type of organization: (check one)	O corporation	O general partne	rship	O limited partnership	O sole proprietorship
date established:	in which state?		date ir	ncorporated:	in which state?
federal i.d. #:			dun & bradstreet (D-U-N-S) #:		
# of employees:	# of locations:		prior year's gross revenues:		
banking references					
banking institution (primary):)		hankir	ng institution (secondary):	
branch:	account #:		brancl		account #:
address:			addre	55:	
ntact person:		contact person:			
phone:	fax:		phone	<u>:</u> :	fax:

distributor information form (continued)

trade references			
trade reference (#1):	trade reference (#2):		
does this company buy goods or services from you? Y N	does this company buy goods or services from you? Y N		
does this company sell goods or services to you? Y N	does this company sell goods or services to you? Y N		
address:	address:		
contact person:	contact person:		
phone: fax:	phone: fax:		
e-mail:	e-mail:		
trade reference (#3):	trade reference (#4):		
does this company buy goods or services from you? Y N	does this company buy goods or services from you? Y N		
does this company sell goods or services to you? Y N	does this company sell goods or services to you? Y N		
address:	address:		
contact person:	contact person:		
phone: fax:	phone: fax:		
e-mail:	e-mail:		

marketing info

primary markets:

in which of the following ways does your company plan to advertise and actively pursue new sales of our products? (check all that apply)

- O you print and mail catalogs/flyers how may impressions per year? (enclose a sample)
- O you maintain a commerce-ready website what's the web address?
- O you employ sales reps to contact sales leads what's the contact info for one of your sales reps?
- O you run a bricks-and-mortar storefront/retail establishment what's the physical address?

statement (please read carefully and sign below)

With my signature below, I hereby certify that the information I have provided in this form is correct to the best of my knowledge and belief.

signature:

date:

name (printed):

title:

mail your completed Distributor Information Form to:

New Distributor Accounts Video Aided Instruction, 485-34 South Broadway, Hicksville, NY 11801

This form is available online as a downloadable Adobe Acrobat .PDF file — http://www.videoaidedinstruction.com/vaidif.pdf