

DEALER INFORMATION

Registered name of applicant Reg No

Trading Name

LLC Company Trust Partnership Other

Herin represented by :(Name)

Capacity Director Member Trustee Partner Sole Proprietor

CONTACT DETAILS

Contact Number Mobile Number

Physical Address

Postal Address

e-mail Address

TRADE INFORMATION

Region/s

of Years Trading

Current Brand Offering

Do you own Retail Stores? Yes No

If yes, how many?

In which area/region/country?

TRADE REFERENCES

Supplier	<input type="text"/>	Tel Number	<input type="text"/>
Start Date	<input type="text"/>	e-mail Address	<input type="text"/>
Supplier	<input type="text"/>	Tel Number	<input type="text"/>
Start Date	<input type="text"/>	e-mail Address	<input type="text"/>
Supplier	<input type="text"/>	Tel Number	<input type="text"/>
Start Date	<input type="text"/>	e-mail Address	<input type="text"/>
Supplier	<input type="text"/>	Tel Number	<input type="text"/>
Start Date	<input type="text"/>	e-mail Address	<input type="text"/>

* Please note that this form is merely a screening and in no means a Distributorship Agreement or Contract. Wavejet Propulsion will contact you for further information.

DISTRIBUTION PLAN

Target Region/s

Target Sector/s

Surf Boards

SUP's

Kayaks

Do you have potential clients?

Yes

No

If yes, how many per Region?

Please specify how you plan to take WaveJet to your market.

Wholesale

Retail Direct to Consumer

Rental Agreements

Do you plan to sell online?

Yes

No

If yes please supply URL

Please estimate the number of systems you will need as an Opening Order and your Forecasted Sales Per annum:

	Opening Order	Per annum	Total Units
Surf Boards	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUP's	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kayaks	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Units	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have the facilities to offer Repair/Warranty services for your clients?

Yes

No

Comments

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