



Distributor Application 2012

Please fill out the following form.

Kindly email scanned copy of the application at info@innocravesolutions.com with **subject: application for sub distributor**

You may also mail the complete application to:

Innocrave Solutions Limited, Omole Estate LSDPC Phase 1, Off Isheri Rd Ikeja Lagos Nigeria

Please do not skip.

Attach necessary evidence documents (i.e. bank statement, income statement, etc.).

Recommended Steps for Distributor Candidates:

As our products are specialized industrial machines, we require a distributor to be equipped with at least one showroom/warehouse/customer center location per sales territory. You will be required to arrange a team of technical specialists to assist your end users in case of any technical problems.

Steps:

1. Buy a sample directly from us or one of our vendors worldwide.
2. Confirm the products' performance and potential in your market.
3. Fill out this **Distributor Application** and send it to us.
4. Signify your interest in becoming our distributor by letting us know you will be able to fulfill the suggested **minimum order volume** and you will be equipped to offer **technical support** to your end users (at least one showroom/service center in the sales territory required.)
5. Visit us at our headquarters for comprehensive technical and operational training on the equipment.
6. Sign a contract with us to become our distributor.

7. An initial order should be placed within the time frame agreed in the contract to validate your distributorship status.

Applicant agrees as follows:

1. The information provided below is accurate.
2. Innocrave Solutions Ltd. may investigate general background and reputation of the Applicant in reviewing this Application.
3. This Application does not bind Applicant to accept, nor does it bind Innocrave Solutions Ltd to offer.
4. Innocrave Solutions Ltd has not made any representations, assurances, or guarantees to Applicant as to the profitability or success of any distributorship. The profitability or success of distributorship depends on market conditions and economic factors that are beyond Applicant's and Innocrave Solutions Ltd control. Applicant's investment in any distributorship is made solely at Applicant's risk
5. Any material misrepresentation or omission in the information supplied by Applicant to Innocrave Solutions Limited shall constitute grounds for Innocrave Solutions Ltd to immediately terminate any Distributor Agreement that may be entered into by innocrave Solutions Ltd with Applicant.
6. This Application is submitted to Innocrave Solutions Ltd at Lagos Omole Estate LSDPC Phase 1 Ojodu Ikeja, and is governed by the laws of the Federal Republic of Nigeria.

Completed by Applicant: ___ (Print Name) Date: ___ / ___ / 2012__.

i. DISTRIBUTORSHIP OVERVIEW

1. Region/ State / City	
2. Expected distributorship start date(dd/mm/yyyy)	
3. Current dealership(s)	Please list products brands and models you are selling or distributing. a. b. c. d.

	e.
4. How did you hear about us?	<ul style="list-style-type: none"> <input type="radio"/> Search engine <input type="radio"/> Facebook <input type="radio"/> Twitter <input type="radio"/> Youtube <input type="radio"/> Flyers <input type="radio"/> TV promotion <input type="radio"/> Friends , Business associates <input type="radio"/> Others

II. APPLICANT OVERVIEW	
1. Full legal name of Applicant*:	
2. Date incorporated*:	
3. Place of incorporation:	4. Number of employees*:
5. Office Address*:	
6. Office telephone#:	7. Cell number*:
8. Email address*:	9. Website:
10. Trade names under which Applicant does business	
11. Applicant's state of origin and Nationality*:	

12. Company ownership			
Name and address		%Owned	Office held

III. DETAILED BUSINESS INFORMATION				
1. Business incorporated number:*				
2. Current Industry*:				
<ul style="list-style-type: none"> ○ Car wash / detailing ○ Vehicle sales / rentals ○ Cleaning / Janitorial ○ Import / Distribution ○ Medical. Sanitation ○ Fleet management / Logistics ○ Government / Military ○ Weed control ○ Others _____ 				
3. Current products and services offered*				
4. Annual Revenue *	2013	2014	2015	Projected 2016
(specify currency)				
5. Current Total Capital*: Please provide details of liquidated assets.				
6. Current balance*: Please attach necessary financial statements				

V. DISTRIBUTOR SURVEY

Questions	YES or NO ?	If YES, please give details of your experience.
1. Has Applicant ever distributed or sold domestic, commercial or industrial steam cleaners?*	<input type="radio"/> Yes (When, brands, products) <input type="radio"/> No	
2. Has Applicant ever seen our products in person?*	<input type="radio"/> Yes (When and Where) <input type="radio"/> No	
3. Does or will Applicant have a service center equipped to offer technical services to customers?*	<input type="radio"/> Yes (Locations, service provided) <input type="radio"/> No	
4. Is a technical support team available?*	<input type="radio"/> Yes (# of employees, specialties) <input type="radio"/> No	
5. Does or will Applicant have a showroom / warehouse location within the sales territory of your interest?*	<input type="radio"/> Yes (Locations size) <input type="radio"/> No	
6. Has Applicant ever filed for bankruptcy?*	<input type="radio"/> Yes <input type="radio"/> No	
7. Has Applicant ever been terminated as a dealer of any	<input type="radio"/> Yes <input type="radio"/> No	

product?*	
8. Have you ever imported goods of foreign origin to your country?*	<input type="radio"/> Yes <input type="radio"/> No
9. Which other brand(s) of similar products are you currently considering?	

V. MARKETING AND SALES PLAN	
1.	Why do you want to distribute our products in your country / state / city
2.	What are your aimed markets and industries for our products?
3.	Briefly explain your marketing and sales strategies for our products in your market.
4.	What is your estimated annual sales goal for the first 3 years?
5.	Please tell us why you would make a successful distributor.

I confirm that all information and data provided in the Application is true and accurate.

Printed Name of Person Signing

Title

Signature

Date