

**\*\*\*Distributors buy products or product lines, warehouse them, and resell them to retailers or directly to the end customers.**

Please **complete this form** if interested in DISTRIBUTORSHIP with The James Tea Company and email back to [info@jamestea.com](mailto:info@jamestea.com)

## Distributor Application Form

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

How long have you been operating? \_\_\_\_\_

Number of branches in your business (if any) \_\_\_\_\_

How much are you ready to invest in this business? \_\_\_\_\_

Average monthly turnover for the past six months: \_\_\_\_\_

### **Distributor's Authorized Representative/Manager's particulars:**

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What is the minimum in cases that you envisage per month? \_\_\_\_\_

What area do you intend to cover as a distributor/ sub distributor? \_\_\_\_\_

What area do your wholesaler/sub distributor/customers cover? \_\_\_\_\_

**NAME OF OFFICER/INSTITUTION DISTRIBUTOR COMPLETING THIS APPLICATION**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_