



Distributor Application Form

Contact Information

Business Name: _____

Business Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Company Website: _____

Principal Contact Name: _____ Title: _____

Principal Contact Email: _____

Business Background

Type(s) of Business: Retailer Wholesaler Import/Export Manufacturer

Other(Specify): _____

Products/Services you Currently Offer: _____

Years in Business: _____ Number of Locations: _____ Number of Employees in Sales: _____ Number of Employees in Technical Service: _____

Yearly Revenue in USD: _____

Distribution Requests

ODOROX® products you're interested in distributing

Your target market for distributing ODOROX® products (countries, cities)

Tell us briefly how you plan to promote and sell products. Attach separate sheet, if needed

How many ODOROX® units do you plan to sell in the next 3, 6 and 12 months?

Authorized Signature

Date of Application