



Distributor Name: _____ **Country:** _____

Key Contact:		Telephone:	
Web Site:		Email:	
Annual Sales:		Total Employees:	
Services:			
Sales	Logistics	Merchandising	Financial
Company Owned Warehouse:		Yes	No
If Yes	Warehouse Size:	Location:	
Channel Coverage:			
Supermarket	Convenience	Foodservice	Pharmacy
Top Five Manufacturer Clients:			
Company Name	Brands Represented		Years Service
1			
2			
3			
4			
5			
Manufacturer references:			
Company Name	Contact Name	Contact Telephone	Contact Email
1			
2			
3			
Why are you interested in distributing our brand?			
Why is your company the best candidate to represent our brand in the market?			
Feel free to attach your company credentials presentation.			

Distributor Identification Experts – 93 Countries
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