

DISTRIBUTOR PRE-QUALIFICATION APPLICATION

COMPANY INFORMATION

Legal Business Name: _____

Contact Name/Title: _____

Business Address: _____

_____ Country: _____

Mailing Address (if different than above): _____

_____ Country: _____

Accounts Receivable Address (if different than above): _____

_____ Country: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Dun & Bradstreet Number: _____

URL: _____

Sole Proprietor Partnership Corporation Joint Venture

Subsidiary of _____ Division of: _____

Year of Establishment: _____ Number of Employees: _____

Number of Sales Force: _____ Number of Engineers: _____

I. COMPANY OFFICERS, PARTNERS OR PRINCIPALS (Please attach organizational chart)

Officers: _____

Partners: _____

Principals: _____

Type of Business: _____

Contractor Manufacturer Distributor Factory Rep Other: _____

II. PRODUCTS & SERVICES OFFERED

Products Targeted for Sales: _____

Name Major Products Sold: _____

Active Vertical Markets (Please check all that apply)

Oil and Gas Telecommunication Data Centers Transportation

General Commercial Projects General Industrial Projects

Military Government & Education

Power Utility Industry Alternative Energy (Wind, Solar, etc.)

Others (please indicate) _____

III. LIGHTNING PROTECTION SYSTEMS

Do you have prior experience in Lightning Protection Systems (LPS)? YES NO

If Yes (please briefly describe the systems provided: _____)

Name of similar products you have worked with or supplied: _____

Value of the LPS projects recently / last year: _____

If you do not have prior experience, what are your plans for selling LPS? _____

Do you have, or have plans to establish an experienced Sales Team? YES NO

Why are you interested in LPS? _____

Do you receive regular enquiries for LPS? YES NO

How do you plan to target LPS sales? _____

What is your expected value / target sales for the coming 12 months for LPS? _____

IV. FINANCIAL DATA

A. Indicate your annual sales for the last three years:

Year _____ Sales _____

Year _____ Sales _____

Year _____ Sales _____

B. Attach financial statements (audited if available) for the interim and previous 2 years.

C. Bank Reference: _____

D. Contact Name: _____ Phone: _____ Fax: _____

Please notify your bankers as listed above to authorize release of banking information.

V. SIGNATURE

I certify the above information and any attachments are correct to the best of my knowledge.

NAME OF ORGANIZATION

SIGNATURE

TITLE

DATE

VI. REMIT TO

Please return completed Supplier Pre-Qualification Application to: online-info@alltecglobal.com

NOTE: This questionnaire does not qualify or approve your company as a distributor.