

Distributor Application Form



Thank you for your interest in becoming a distributor for WipWare. Please fill in the following fields and return this form.

Company Contact Information	
Name:	Company Name:
Address:	City:
Country:	Postal (ZIP) Code:
Telephone:	Fax:
Email:	Date:

Application for: Retailer Value Added Reseller

Company Information
Company Slogan:
Company Overview: _____ _____ _____
Area of Expertise:
Market Coverage: <input type="checkbox"/> Region <input type="checkbox"/> Country <input type="checkbox"/> Continent <input type="checkbox"/> Global
Target Market(s):
Number of Years in Business: _____ Years
Number of Sales Representatives: _____ Full Time Employees
Number of Technical Specialists: _____ Full Time Employees
Number of Attended Trade Shows: _____ Participated Annually
Please list other products that you currently represent: _____ _____ _____
Are you willing to invest in system cost and training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments: _____ _____ _____

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