

Futronix D/I application form

This form enables your company to quickly respond with information supporting your application to become a Futronix Dealer/Integrator.

This form is available on the Distributor CD-Rom.

It can also be completed online at:
www.futronix.com/di-form.htm.

Applicant Details	
Company:	.....
Name:	.....
Position:	.....
Address:	.....
State/Province/County:	.....
Country:	.....
Code:	.....
Tel 1:	.....
Mobile:	.....
Tel 2:	.....
Fax:	.....
e-mail:	.....
Website address:	.....

1. COMPANY INFORMATION

A) History

- 1) Are you a: corporation partnership sole proprietorship?
- 2) How long have you been in business? years
- 3) What is your current turnover? US Dollars

B) Company Growth Plans

- 1) Do you operate on a sales plan and budget? YES NO
- 2) Projected 1st Yr turnover with Futronix? US Dollars

C) Management

- 1) Is the management active in sales? YES NO
- 2) Is the management technically qualified? YES NO

2. TERRITORIAL COVERAGE

A) Present Lines Represented

1) **What major product lines do you represent, and for how long?**

Product 1	<input type="text"/>	<input type="text"/> years
Product 2	<input type="text"/>	<input type="text"/> years
Product 3	<input type="text"/>	<input type="text"/> years

2) **Is there compatibility with our products?** YES NO

3) **Is there any conflict with our products?** YES NO

B) Territory Covered and Market Served

1) **What territory/s do you cover?**

2) **What do you consider your primary and secondary markets?**

[select only **one** from each list]

Primary Market	Secondary Market
<input type="checkbox"/> commercial/industrial	<input type="checkbox"/> commercial/industrial
<input type="checkbox"/> hotel	<input type="checkbox"/> hotel
<input type="checkbox"/> cinema	<input type="checkbox"/> cinema
<input type="checkbox"/> A/V	<input type="checkbox"/> A/V
<input type="checkbox"/> retail	<input type="checkbox"/> retail
<input type="checkbox"/> institutional	<input type="checkbox"/> institutional
<input type="checkbox"/> residential developments	<input type="checkbox"/> residential developments
<input type="checkbox"/> luxury residences	<input type="checkbox"/> luxury residences
<input type="checkbox"/> home cinemas	<input type="checkbox"/> home cinemas
<input type="checkbox"/> online sales	<input type="checkbox"/> online sales

3. SERVICE & TECHNICAL

A) **Do you have technical/service facilities?** YES NO

B) **How many sales staff does your company employ?**

C) **How many technical staff does your company employ?**

4. REFERENCES

A) Professional Memberships

Are you or your company members of any professional organisations?

1.
2.
3.

A) Banking

Please list your main banking facilities:

1.
2.
3.

Additional Information

Insert on additional sheets any information concerning the following topics:

- 1) company history, resume or brochure
- 2) resumes of management and technical staff
- 3) further details on possible conflict with existing product lines represented by your company
- 4) references from key accounts.