



RESELLER APPLICATION FORM

1. BASIC INFORMATION

ORGANISATION:

ADDRESS:

CITY:

TOWN:

STATE:

COUNTRY:

TELEPHONE NOS:

E-MAIL:

WEBSITE:

1.1 BRANCH (ES) DETAILS (OTHER SUPPLY LOCATIONS)

ADDRESS:

CITY:

TOWN:

STATE:

COUNTRY:

TELEPHONE NOS:

EMAIL:

1.2 ADDRESS:

CITY:

TOWN:

STATE:

COUNTRY:

TELEPHONE NOS:

EMAIL:

1.3 ADDRESS:

CITY:

TOWN:

STATE:

COUNTRY:

TELEPHONE NOS:

EMAIL:

2. PARENT COMPANY (IF ANY)

NAME:

ADDRESS:

CITY:

TOWN:

STATE:

COUNTRY:

TELEPHONE NOS:

EMAIL:

3. SUBSIDIARIES (IF ANY)

NAME:

ADDRESS:

CITY:

TOWN:

STATE:

COUNTRY:

TELEPHONE NOS:

EMAIL:

4. BUSINESS INFORMATION

TYPES OF BUSINESS (SECTORAL CLASSIFICATION):

YEAR OF ESTABLISHMENT:

REGISTRATION STATUS (PLEASE CHOOSE):

*Sole Proprietorship

*Limited Liability Company

*PLC

*Partnership

*Subsidiary

*Registered Business Name

ANNUAL TURNOVER (LAST YEAR): (₦)

NUMBER OF STAFF IN DIRECT EMPLOYMENT:

5. PRODUCT/SERVICE INFORMATION

LIST OF PRODUCT(S)/ SERVICE(S):

SOURCE(S) OF SUPPLY:

*Insource

*Manufacture

*Direct Importation

*Distributor

*Franchise

*Affiliate

*Subsidiary

*Joint venture

*Make to order

*Others (please specify)

6. SALES/MARKETING STRUCTURE INFORMATION

DO YOU HAVE A MARKETING UNIT?

IF YES, PLEASE STATE NUMBER OF EMPLOYEES IN UNIT:

KEY STAFF DATA

NAME:

DESIGNATION:

TELEPHONE No:

EMAIL:

NAME:

DESIGNATION:

TELEPHONE No:

EMAIL:

NAME:

DESIGNATION:

TELEPHONE No:

EMAIL:

7. DO YOU HAVE A TECHNICAL/INSTALLATION/SUPPORT UNIT?

IF YES, PLEASE STATE NUMBER OF EMPLOYEES IN UNIT:

KEY STAFF DATA

NAME:

DESIGNATION:

TELEPHONE No:

EMAIL:

NAME:

DESIGNATION:

TELEPHONE No:

EMAIL:

NAME:

DESIGNATION:

TELEPHONE No:

EMAIL:

8. DISTRIBUTION CATEGORY NOW APPLIED FOR:

Note: Installer - Technical persons/firms interested in regular retail purchase for end user installation.

Merchant – Organisations/firms retailing several types of the same product from different vendors. They may need to be attached to installers for assistance on post sales installation

Partners – Organisations/firms interested in retail/bulk resale of only MEGA TRACKER brand of products. If evaluated and found to be qualified they may be offered:

- Free website to be developed and customised for their use
- Free samples for client demonstration
- Free training of sales and technical personnel
- Periodic cash rebate on merchandise offtake

9. PRODUCT(S) OF INTEREST

Product Description	Distribution Category (As Above)	Order Quantity	Period type

10. ATTESTATION:

I, _____ hereby attest to the correctness of all information supplied in this form on behalf of

NAME:

DESIGNATION:

DATE:

11. APPLICATION FORM PROCESSED BY:

(For Official Use)

STAFF NAME

DATE

COMMENTS ON REVIEW & VISITATION:

VISITATION/REVIEW BY: _____
NAME SIGNATURE DATE

APPROVED BY: _____
NAME SIGNATURE DATE