

Vaporillo®

VAPORILLO / DISTRIBUTORSHIP APPLICATION

I. Company Background Information

A. Name of Company _____

B. Address _____
Street

City

State

Zip

C. Telephone () _____ Facsimile () _____

D. Primary Contact _____

E. State (Country) of Incorporation or Organization _____

F. Type of Entity: Corporation Partnership

Limited Liability Co.:

Other:

II. Ownership/Management Information

A. Principal Owners (complete name)

1. _____

2. _____

3. _____

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B. Principal Management:

President _____

Vice President (s) _____

Sales Director _____

Marketing/Advertising Director _____

Chief Financial Officer _____

C. Years in Business _____

III. Financial Information

A. Bank Reference:

Name _____

Branch _____

Address _____

Bank Contact _____

Telephone () _____

B. Credit References (name, address and telephone number):

1. _____

2. _____

3. _____

IV. Product Information

Please list the territory(s) for which you are seeking distribution rights:

List other products your company sells that are not included in this Distributorship Application. _____

V. Marketing Information

A. Describe any advertising and promotional materials or programs you plan to use to market the Vaporillo product(s)

B. Describe anticipated timing for the marketing of the proposed licensed product.

VI. Sales and Distribution Information

A. Company sales volume for most recent year _____

B. Company sales volume for previous year _____

C. Distribution capability: International
(No. of Countries _____)

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D. List trade shows where you exhibit your products:

VII. *Statement of Interest (Please indicate why your company should be selected distributorship rights for the product and territories under this application)*

VIII. *Prospective Distributor Statement*

I hereby attest that the information included herein is true and complete. I understand that this application does not constitute an offer from Vaporillo or imply any obligation on the part of Vaporillo to grant a distributorship.

Signature _____

Print Name: _____

Title: _____

Date: _____