



DISTRIBUTOR APPLICATION FORM

APPLICANT CONTACT INFORMATION

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Job Title:	
Telephone:	
Email:	

French is our first language but we have staff that can assist your personnel in English and Spanish.

Is your staff dealing in English? Yes No
If no, please specify a language:

COMPANY INFORMATION

Company name:	
Street address:	
City:	
State / Province:	
Postal Code :	
Country:	
Telephone:	
Fax:	
Website address:	
Skype address:	
Number of employees:	
Number of sales rep:	
Number of administration employees:	
Number of locations:	
Number of years in business:	



COMPANY INFORMATION (CONTINUED)

Company business type:	
What product lines are you currently distributing and/or integrating?	
What industries do you primarily serve?	
Do you belong to any trade organizations?	
Please specify.	
Do you exhibit at trade shows?	If yes, number per year:
	Name of show(s):
Do you offer repair service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	<input type="checkbox"/> In-house service <input type="checkbox"/> In-field service <input type="checkbox"/> Both
Number of service persons:	
Which Movex Innovation products are you most interested in distributing and/or integrating? Please check all that apply:	<input type="checkbox"/> Track-O 75 <input type="checkbox"/> Track-O Twin Track 47 <input type="checkbox"/> Track-O Twin Track 66 <input type="checkbox"/> Track-O Heavy Duty <input type="checkbox"/> Track-O Jib Crane <input type="checkbox"/> Cross Country Utility <input type="checkbox"/> Minidozer M-27 <input type="checkbox"/> Minidozer M-48 <input type="checkbox"/> Greengo Handling system
How did you learn about us?	<input type="checkbox"/> Internet <input type="checkbox"/> Trade Show <input type="checkbox"/> Print Advertising <input type="checkbox"/> Other Referral
	Please specify source:



KEY CONTACT INFORMATION

Sales Manager

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Telephone:	
Email:	

Designer and/or Engineer

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Telephone:	
Email:	

Purchaser

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Telephone:	
Email:	

Marketing Manager

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Telephone:	
Email:	

Signature of applicant: _____

Date: _____ (mm/dd/yy)

Thank you for your interest in distributing Movex Innovation products.

We appreciate the time you have taken to carefully complete the distributor application form.

It will be reviewed thoroughly and a Movex Innovation representative will be in touch with you shortly.