



DISTRIBUTOR APPLICATION

Company:	Contact Name:
Address:	Phone:
	Fax:
	E-mail:
	Website URL:

What territory do you currently cover? What is your desired Geographical Territory?

How would you best describe your distribution model (i.e. Store based, Internet, Manufacturers Rep. Group)?

How many Salespeople do you employ? Field based? Inside Sales?

What markets are you focused on?

Briefly describe your marketing strategy?

How do you service (technical service) you sold products?

How many service personnel do you currently employ?

Which of our products are you interested in selling?

What do you project you annual sales volume (Motus USA products) to be?

Describe your business growth plans (personnel, markets, geography)?

What product lines and brands do you currently carry?

Please fill out this form and the attached credit application. A Motus USA representative will contact you within 14 days to discuss your distribution status. Call: 866.668-8766 if you have any questions about completing this application.

Please fax completed packet to: 310.515.1151