



# INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE

**E-mail:** [enquiry@amzexports.com](mailto:enquiry@amzexports.com)

**Website:** [www.amzexports.com](http://www.amzexports.com)



## Confidentiality Notice:

All information provided herein is considered confidential and will not be shared by AMZ with any third party without written consent of an authorized representative of the applicant.

The following information must be provided in order to be considered as a distributor of AMZ EXPORTS products. Please provide as much information as possible.

PLEASE NOTE: THIS QUESTIONNAIRE DOES NOT CONSTITUTE A CONTRACT OR ANY OFFER FOR DISTRIBUTORSHIP. AMZ RESERVES THE RIGHT TO ACCEPT OR REJECT DISTRIBUTOR APPLICATIONS AT ITS SOLE DISCRETION.

Prepared By:

**Name**

**Title**

## 1. COMPANY INFORMATION

Company Name:

Type of Entity:

Organized under the Laws of:

Street Address

(Include P.O. Box):

City/State/Province:

Postal Code/Country :

Telephone No.:

Country Code

Main Number

Extension

Fax No.:

Country Code

Main Number

Extension

Website:

### Contact Information:

Name :

Title :

Telephone No.:

Country Code

Main Number

Extension

Email address:

Please indicate below, your main type of business:

Wholesaler

Distributor

Other - describe below





#### 4. PRODUCT INFORMATION



##### Food:

Specific types of products you are interested in distributing. Check all that apply:

Peanuts    Cashews    Almonds    Makhana    Wild Honey    Zeera Soda    Custom Services

##### NON FOOD:

Air Fresheners                      Leather Accessories                      Oral Care Tooth Brush

##### Comments:

#### 5. SALES PROJECTIONS

Please complete the table below for projections for all of the markets in which you wish to distribute AMZ products.

Sales Projection	1st Year of Sales	2nd Year of Sales	3rd Year of Sales
Estimated No. of Customers			
Estimated No. of Orders			
Estimated Sales (USD)			

#### 6. REFERENCES

##### i) BANK REFERENCE:

Name of your Bank:

Address:

Telephone No.:

Fax No.:

#### 7. ORDER LOGISTICS

Import Destination (list for each country/territory in which you wish to distribute AMZ Products):

Country/Territory:

Airport:

Country/Territory:

Airport:

Country/Territory:

Airport:

Country/Territory:

Airport:

Country/Territory:

Airport:



**PAYMENT: Who is responsible for payment?**

Name:

Address:

Contact:

Contact Telephone No.:

Contact Fax No.:

Contact Email Address:

**SHIP-TO: Please provide the exact ship-to address for orders**

Name:

Address:

Contact:

Contact Telephone No.:

Contact Fax No.:

Contact Email Address:

**INSURANCE: Is a Certificate of Insurance required with each shipment?** Yes No**INSPECTION: Is SGS inspection (or other) required?** Yes No Others:**Freight-Forwarder: Please specify if there is a particular freight forwarder that you prefer, use presently or that you have worked with in the past.**

Name:

Address:

Contact:

Contact Telephone No.:

Contact Fax No.:

Contact Email Address:

**DOCUMENTS: Please indicate which documents are required with each shipment**

Commercial Invoice (How many copies?)

Airway Bill Certificate of Origin Certificate of Conformity Other

**THE FOLLOWING INFORMATION MUST ACCOMPANY THIS QUESTIONNAIRE:**

- Any required authorization to import into each country or territory in which you wish to distribute AMZ products.
- Summary of Sales/Marketing growth strategy
- List of all countries where you are requesting distribution rights.
- A corporate brochure from your company, if available
- Current examples of marketing materials (flyers, brochures, advertising copy, etc.)

Feel free to include any other information which demonstrates your qualification to act as an AMZ distributor.

Thank you for taking the time to complete this Questionnaire. It is important to AMZ to ensure that our distributors are knowledgeable of the market, experienced in sales and marketing, and have financial security to properly act as our representative in their territory (ies).

We will thoroughly review this questionnaire and contact you as soon as possible. Please do not hesitate to contact us if you have any questions or comments.

Your interest in becoming a distributor for our products is greatly appreciated.

-----See cover page for instructions for returning this Questionnaire to us. -----