



Distributor Agreement

PERSONAL AND BUSINESS INFORMATION

Name _____ Soc. Sec. No. _____ - _____ - _____ Marital Status _____ Age _____

Business Name _____ Phone (____) _____

Business Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Phone (____) _____ How Long at Present Address _____ Spouse's Name _____

Previous Address _____ How long? _____

No. of Dependents _____ U. S. Citizen? _____ Military Service? _____ Date & Rank _____

What Territory Are You Interested In? State: _____ Counties: _____

Business/ Work Experience (List most recent first. Please use back of sheet for additional job descriptions)

From _____ To _____ Firm _____ Position _____ Annual Income \$ _____

Give brief description of daily/weekly responsibilities _____

Please give single most significant contribution you made to the company _____

If business/work experience includes routes please include the following:

Type of product being sold _____

Was pre-selling involved? _____ If so who handled the pre-selling? _____

How many days per week? _____ How many hours per day? _____ Total number of stops _____

Please explain how and why this position ended _____

What was the single most significant contribution you made to the route? _____

Describe in a few brief sentences why you feel this business would suit you _____

(Continued on back)

How far is the target territory from your home? _____

How many hours per week would you expect to devote to your business? _____

Would you employ an employee? _____

Do you have or can you obtain the funds, as required, to invest in a Distributorship? Please give source _____

If you purchased a Distributorship, would this be a: Investment Career Other _____

ASSETS

Cash _____

Life Insurance _____

Real Estate _____

Stocks & Bonds _____

Notes Receivable _____

Other Personal Property _____

TOTAL ASSETS =====

LIABILITIES

Notes Payable _____

Taxes Payable _____

Other Liabilities _____

TOTAL LIABILITIES =====

NEW WORTH =====

PERSONAL BANK

Name _____ Branch _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone(_____) _____ Checking _____ Saving _____

Account Number(s):

BUSINESS BANK

Name _____ Branch _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone(_____) _____ Account Number _____

PERSONAL REFERENCES

1. Name _____

Address _____ Phone _____

Relationship _____

2. Name _____

Address _____ Phone _____

Relationship _____

GENERAL INFORMATION ADAPTABILITY: Please be candid.

Above
Average Average Below
Average

As an organizer and a “doer” I consider myself to be _____

My ability to work independently without relying on others is in my opinion _____

My determination to succeed in any endeavor I undertake is _____

My ability to teach and counsel others is _____

I feel that my “self-starting” talents are _____

My level of desire to own a business is _____

My ability to communicate with people from all walks of life is _____

My patience in dealing with less qualified persons is _____

My thoroughness in completing any task is _____

My cooperation in following guidance offered is _____

1. What earnings would you be satisfied with on a part-time basis? _____

2. What would you need to earn on a full-time basis? _____

If necessary, to reach my income goal, I would be willing to work as a maximum number of hours per day:

Part time _____ Hrs. Full Time _____ Hrs.

CORRECT INFORMATION:

Applicant represents that all of the above statements are true and authorizes verification of the above information, references and credit records.

Signature _____ Date _____