

INTERNATIONAL DISTRIBUTOR APPLICATION



• **Company Information**

Name of company: \_\_\_\_\_

Corporate address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web address: \_\_\_\_\_ Email: \_\_\_\_\_

Principal contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Principal contact's Email: \_\_\_\_\_

Principal contact's telephone: \_\_\_\_\_

• **Business Profile**

Number of years in business: \_\_\_\_\_

What market/s do you sell to; i.e., physicians, salons, department stores, etc.?  
\_\_\_\_\_

Which products/manufacturers do you currently represent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which products/manufacturers have you represented in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Jan Marini Skin Research, Inc.? \_\_\_\_\_

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Why do you want to sell JMSR products? \_\_\_\_\_

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Total number of employees? \_\_\_\_\_

Number of outside sales people: \_\_\_\_\_ Number of inside sales people: \_\_\_\_\_

What is your selling radius/area? \_\_\_\_\_

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What is your annual revenue? \_\_\_\_\_

- **Bank References**

Primary Bank: \_\_\_\_\_

Branch address: \_\_\_\_\_

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Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Email: \_\_\_\_\_

Account Number: \_\_\_\_\_

Other Bank: \_\_\_\_\_

Branch address: \_\_\_\_\_

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Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Email: \_\_\_\_\_

Account Number: \_\_\_\_\_

- **Trade References (please list three)**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

- **Exclusivity**

All distribution agreements begin on a non-exclusive basis. Final exclusivity will be assigned on a performance basis.

- **Payment Policy**

All orders are prepay only. We accept bank transfer, Visa, MasterCard and American Express. No order is shipped until payment is secured.

- **Shipping Policy**

All shipments are FOB Jan Marini Skin Research, Inc. USA. All export/import fees are the sole responsibility of the distributor.

- **Questions**

Please direct any question you may have to Geoff Miller at 408-362-0130 or at [geoff.miller@janmarini.com](mailto:geoff.miller@janmarini.com).

I/we authorize and request all of the above references to provide JAN MARINI SKIN RESEARCH, INC. with any information requested. I/we further certify that all statements in the application are true and I/we intend for JMSR to rely thereon to accept or reject this application. I/we further certify I/we am/are authorized to execute this document of behalf of our business.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_