



Date:

**DISTRIBUTOR FORM**

1. Business name
2. Business   
Address...
3. Telephone, e-mail
4. Year of incorporation
5. Nature of business (Product lines)
6. Branch office/ location
7. Current market reach
8. Average number of wholesalers/retailers in network
9. Staff strength, category/ each location
10. No of warehouses and location
11. No and type of vehicles/trucks
12. Annual turnover
13. Product interested in purchasing:

Product	Yes	No	Quantity you are willing to purchase annually
a. Gym mat			
b. Yoga mat			
c. Kitchen mat			

W: www.freee-recycle.com E:info@freee-recycle.com A: Plot 237B, Muri Okunola Street, Victoria Island, Lagos T: +234-1-4604911



d. Door mat			
e. Mouse pad			
f. Anti slip pad			
g. Rubber rolls			
h. Equipment mat			

Name:.....

Sign.....

Date:.....