

## Futronix D/I application form

This form enables your company to quickly respond with information supporting your application to become a Futronix Dealer/Integrator.

This form is available on the Distributor CD-Rom.

It can also be completed online at:  
[www.futronix.com/di-form.htm](http://www.futronix.com/di-form.htm).

<b>Applicant Details</b>	
<b>Company:</b>	.....
<b>Name:</b>	.....
<b>Position:</b>	.....
<b>Address:</b>	.....
<b>State/Province/County:</b>	.....
<b>Country:</b>	.....
<b>Code:</b>	.....
<b>Tel 1:</b>	.....
<b>Mobile:</b>	.....
<b>Tel 2:</b>	.....
<b>Fax:</b>	.....
<b>e-mail:</b>	.....
<b>Website address:</b>	.....

### 1. COMPANY INFORMATION

#### A) History

- 1) Are you a:  corporation  partnership  sole proprietorship?
- 2) How long have you been in business?  years
- 3) What is your current turnover?  US Dollars

#### B) Company Growth Plans

- 1) Do you operate on a sales plan and budget?  YES  NO
- 2) Projected 1<sup>st</sup> Yr turnover with Futronix?  US Dollars

#### C) Management

- 1) Is the management active in sales?  YES  NO
- 2) Is the management technically qualified?  YES  NO

**2. TERRITORIAL COVERAGE**

**A) Present Lines Represented**

1) **What major product lines do you represent, and for how long?**

<b>Product 1</b>	<input type="text"/>	<input type="text"/> years
<b>Product 2</b>	<input type="text"/>	<input type="text"/> years
<b>Product 3</b>	<input type="text"/>	<input type="text"/> years

2) **Is there compatibility with our products?**  YES  NO

3) **Is there any conflict with our products?**  YES  NO

**B) Territory Covered and Market Served**

1) **What territory/s do you cover?**

2) **What do you consider your primary and secondary markets?**

[select only **one** from each list]

<b>Primary Market</b>	<b>Secondary Market</b>
<input type="checkbox"/> commercial/industrial	<input type="checkbox"/> commercial/industrial
<input type="checkbox"/> hotel	<input type="checkbox"/> hotel
<input type="checkbox"/> cinema	<input type="checkbox"/> cinema
<input type="checkbox"/> A/V	<input type="checkbox"/> A/V
<input type="checkbox"/> retail	<input type="checkbox"/> retail
<input type="checkbox"/> institutional	<input type="checkbox"/> institutional
<input type="checkbox"/> residential developments	<input type="checkbox"/> residential developments
<input type="checkbox"/> luxury residences	<input type="checkbox"/> luxury residences
<input type="checkbox"/> home cinemas	<input type="checkbox"/> home cinemas
<input type="checkbox"/> online sales	<input type="checkbox"/> online sales

**3. SERVICE & TECHNICAL**

A) **Do you have technical/service facilities?**  YES  NO

B) **How many sales staff does your company employ?**

C) **How many technical staff does your company employ?**

**4. REFERENCES**

**A) Professional Memberships**

**Are you or your company members of any professional organisations?**

1.
2.
3.

**A) Banking**

Please list your main banking facilities:

1.
  2.
  3.
- 

**Additional Information**

Insert on additional sheets any information concerning the following topics:

- 1) company history, resume or brochure
- 2) resumes of management and technical staff
- 3) further details on possible conflict with existing product lines represented by your company
- 4) references from key accounts.