



Application Form

for Distributorship

Please fill in this application as detailed as possible. Confidentiality is guaranteed!

1. About Your Company

Company Name: _____

Address: _____

Phone: () _____

Fax: () _____

Contact Person 1 & Function in the company: _____

Contact Person 2 & Function in the company: _____

Country/ies or region(s) currently covering: _____

When was the company established? _____

Total Annual Sales: \$ Euro

No. of Employees: _____

No. of sales reps thereof: _____
Any technical staff / advisors? _____

Any sales / branch offices? _____

Do you stock products? yes no

2. About Your Products

How many product lines do you carry? _____

List of product lines in descending order of \$:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Which companies do you represent? Please tick here if the agreement is exclusive ✓

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____

Do you sell Seasonings, Spices and/or Food Ingredients? yes no

If yes, which one(s): _____

3. About Your Market

What is the volume of seasonings/food ingredients sold in your country? _____

Who would you consider as main competitors for these products in your market: _____

What type of customers do you sell to?

(Please tick all that apply: ✓

Meat Industry

Food Industry

Retail Shops

Catering

Brokers/Distributors/Wholesalers

Other: _____

From the above list, which represents your primary type of customer? _____

Do you exhibit at any trade shows? yes no

If yes, which ones? _____

Do you advertise in trade magazines? If yes, which ones? _____

Kindly return this form either by post or by fax to:

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