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| **DISTRIBUTOR APPLICATION FORM** |

Formu doldurduktan sonra lütfen Faks (0312 4441 91 04) veya e-mail yoluyla bize ulaştırınız (groupy@groupy.com.tr)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Details** | | | | |
| Company Title | |  | | |
| Name & Surname – Title of Authorized Person | |  | | |
| Area of Activity | |  | | |
| Phone | |  | | |
| GSM | |  | | |
| E-mail | |  | | |
| Website Address (www) | |  | | |
| Address | |  | | |
| Tax Office / Number | |  | | |
| TR ID Number (if a person) | |  | | |
| Date of Establishment | |  | | |
| Company Subject of Activity | | Production 🞎 Marketing🞎 Distributorship🞎 | | |
| Number of Personnel | | Administrative 🞎 Technical 🞎 Sales 🞎 | | |
| Information on persons to be assigned | |  | | |
| Name-Surname - Position – Occupation- Experience | |  | | |
| Name-Surname - Position – Occupation- Experience | |  | | |
| Name-Surname - Position – Occupation- Experience | |  | | |
| Company Property Identification (storage place for products) | |  | | |
| Region for Which Distributorship is Requested | |  | | |
| Provinces for Which Distributorship is Requested | |  | | |
| Companies You Can Provide as Reference | |  | | |
| Reference 1 | |  | | |
| Reference 2 | |  | | |
| Other Brands You Are a Distributor of, if available | |  | | |
| Brand 1 / Your Annual Sales Performance | |  | | |
| Brand 2 / Your Annual Sales Performance | |  | | |
| Brand 3 / Your Annual Sales Performance | |  | | |
| Brand 4 / Your Annual Sales Performance | |  | | |
| Product sales method and Explanations on the Target Audience | |  | | |
| Other Explanations | |  | | |
| **Among GROUPY Products, Mark the Ones You Are Interested With** | | | | |
|  | **GROUPY Travel** | |  |  |
|  | **GROUPY Museum** | |  |  |
|  | **GROUPY City** | |  |  |
|  | **GROUPY Company** | |  |  |
|  | **GROUPY Safe Gate** | |  |  |
| **Formu Dolduran** | | | | |
| Name - Surname | | |  | |
| GSM | | |  | |
| e-mail | | |  | |
| Position | | |  | |
| Signature - Seal - Date | | |  | |