|  |
| --- |
| **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  |  |