

Application for review of dealer status Elling-2000

Date of completion: _____

- Name of the company / entrepreneur (full)

- Date of foundation of the company _____
- The contact person _____ position

- Phone (mobile/business number) _____
- Address(registration/location) _____

- E-mail _____ website _____

- Planned (intended) service area _____

- Main types (areas) of activity of your company _____

- How long have you deal in this area _____
- What brands do you represent _____
- The status of your company on the market (chain stores/branches; dealer; distributor)

- Territorial coverage (regions which the company supplies products)

- Number of sub dealers your company works with _____
- Assortment product groups represented by your company

- Other products your company is engaged in _____

- Availability of a sales department (yes/no, number of people)

- Availability of logistics department (yes/no, number of cars, which)

- Availability of warehouse (yes/no, area size)

- Are you (at this stage) a dealer/agent of a company producing similar products

- Indicate the estimated volume of sales per month _____

Fill in the application form and send us by e-mail: interfisher600@gmail.com
with the note: **"Application for the status of the Dealer"**