

INTERNATIONAL DISTRIBUTOR APPLICATION

Registered Business Name			Date of A	Date of Application		
Do you conduct busi	iness under any other n	ames? (Y/N) If yes, please lis	st any current of pas	t DBA(s).		
Address			Primary (Contact	Phone/email	
City	State	Zip	Seconda	ry Contact	Phone/email	
Phone (including co	untry code) Fax c	or efax (including country co	ode) Business	Email Address		
Website						
Retail:						
Number of Retail Locations:				Average size of store(s) in square feet:		
Do you sell online?:				Online store URL:		
Annual Retail Sales Volume (USD \$):			An	Annual Online Sales Volume (USD \$):		
Number of Employees:				Number of years in industry:		
Number of Sales Representatives:				Current Number of Active Customers on File:		
Number of Customer Service Representatives: Number of Warehouses:						
Into which countries do you actively market, sell, ship, distribute and/or attend conferences (Please list all that apply):						
Please circle the category(s) that best describes your current product offering (Circle all that apply):						
Bicycles	Bicycle Cor		Baby Products	Outdoor Equipment	Sporting Goods	
Other (Please describe):						
How many trailer units do you sell per year? Which brands of joggers/strollers does your company distribute?						
How many units do you sell per year?						
riow many units do	you sell per year:					
Marketing Efforts:						
Do you produce a catalog? (If yes please return samles of your catalog and other printed promotional materials with this application)						
Do you display at any tradeshows? If yes, please list and specify whether your display or attend:						
De veu erroleus 1		tativas vika as II svetses	2 Dlagge de contre			
Do you employ sales	s or marketing represen	tatives wno call customers:	r Please describe:			

Trade References: Please list three US based companies with whom you have done business in the last 12 months. Application will not be processed without this information. Address: _ Fax: Email: Contact Name and Title: Type of Business: ___ _____ Account Number:_____ Business Name: __ Phone: ______ Fax: ______ Email: _____ Contact Name and Title: _____ Account Number:____ Type of Business: ____ Business Name: ___ Address: ____ _____ Fax: ______ Email: _____ Contact Name and Title: ______ Account Number:_____ Type of Business: **Financial References:** Please provide your banking reference locally and in the United States, if possible. Business Name: ___ Address: _____ Fax:______ Email: _____ Contact Name and Title: Type of Business: _____ ______ Account Number: _____

Thank you for completing this application. All information provided will be held in strict confidence.

Email: international@burley.com | Fax: 541.687.0436 | Phone: 800.423.8445

______ Account Number:____

_____ Fax: ______ Email: _____

Business Name: ___

Contact Name and Title:

Type of Business:

Address: __