



ID Innovations
21 Sedges Grove
Canning Vale, WA6155, Australia
Tel: +61 894554615 Fax: +61 894553615
www.id-innovations.com
wendy@id-innovations.com

Thank you for your interest in becoming a distributor of ID Innovations products. We seek partners who are interested in actively promoting and selling our products. To initiate our review process, please complete the attached form and supply the additional information requested.

Forms to Complete

The Dealer Profile form: This form helps us understand your business, the means you use to promote and sell products, and the timing of materials we would need to help you with promotion.

Additional Materials needed:

1. **Business Registration Certificate:** You must be a registered business.
2. **Reseller's Certificate:** You must be a reseller, not an end-user of our products.

Please E-mail these completed forms and the additional materials to ID Innovations at wendy@id-innovations.com . Once all materials are transmitted to ID Innovations, it usually takes about one week to get everything processed and reviewed. At that time, we will contact your designated representative with further information.

DEALER PROFILE PLEASE PRINT CLEARLY!

Background and Contact info:

Business Name:

Years in Business:

Number of
Employees:

Mailing Address:

Shipping Location 1:

Telephone:

Toll Free:

Fax:

Web site

Marketing Contact:

Name

Phone:

Title:

Fax:

E-mail:

Purchasing Contact::

Name:

Title:

Phone:

E-mail:

Sales Contact:

Name:

Title:

Phone:

E-mail:

Marketing Strategy:

Target Market(s) & Distribution Strategy (define by customer discipline, types of organizations, geographic coverage, type of products, etc.):

Which ID Innovations products are of greatest interest for your customers?

Catalog:

Do you publish a catalog?	Yes	Approximate number of pages:
	No	

****If yes, a copy of your most recent catalog must be supplied with this application****

Frequency of publication:	Annual
	Ever 2 years
	Other frequency

Is your catalog - Black and White?	2 color
	4 color

Month in which catalog is published: Lead time for articles:

Which ID Innovations products would you like to add to your next catalog?	Yes
	No

Other printed matter:

If yes, please describe:

What major new products/product lines have you introduced over the last two years?

How do ID Innovations products contribute to your marketing strategy?

Sales Targets & Strategy:

Anticipated annual sales volume

Do you have field sales reps?	Yes	Number of field reps:
	No	

Please tell us where your reps are located and their sales territory responsibilities:

Rep location Geographic Territory Responsibility .(Please attach another sheet, if necessary)

Once you become a dealer, will you provide us with the contact information for your field reps so that our reps can contact them directly to schedule work days?

Yes

No

Do you have inside sales/phone/online sales reps who actively call accounts?

Yes

No

Number of reps:

Additional comments on your sales capabilities:

Purchasing:

Do you plan to stock ID Innovations products, or order only to fulfill customer orders?

What ID Innovations products do you intend to hold as stock items?

For warehouse shipments, do you have a UPS or Fed Ex collect number to charge?

Yes

No

Fedex #

Others

Ups #

To whom should Price Lists, New Product, and Promotional Information be emailed?

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

Person to be Contacted Regarding Dealer Status & Application:

Name:

Title:

Phone:

E-mail:

Certification:

Certify that the above information is complete and accurate to the best of my knowledge.

Signature of Person Completing Form

Date

Name of Person Completing Form

Title of Person Completing Form

Phone

Person Completing Form (signature)

E-mail