

**Garick Independent Representative and/or Distributor Application**

Note: The following information is held confidential. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Name:** | **Title:** |
| **Company Name:** |
| **Address:** |
| **City:** | **State:** |
| **County:** | **Zip:** |
| **Phone:** | **Fax:** |
| **Email Address:** | **Website:** |
| **Owner:** | **Sales Manager:** |

1. Describe your current business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please list product lines and names of companies you currently represent:

|  |  |  |
| --- | --- | --- |
| Company: | Product Line(s): | Year(s) Represented: |
| a. | a. |  |
| b. | b. |  |
| c. | c. |  |

3. Approximate annual sales volume: \_\_\_\_\_\_\_\_\_\_ # employees: \_\_\_\_\_\_\_\_\_\_ # outside sales reps: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Geographical territories that you cover (Do not include any that you do not have daily representation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How many years have you been in business (or date established): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. At what trade shows do you exhibit:

|  |  |  |  |
| --- | --- | --- | --- |
| a. | b. | c. | d. |
| City State | CityState | CityState | CityState |

7. Please list your top three customers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you a member of any related industry associations? (If yes, please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. How did you hear about us or this opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What specifically interested you about Garick? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Return to:**

Garick • 8400 Sweet Valley Drive Suite 408 • Cleveland, Ohio 44125

PH: 800-242-7425 • FX: 216-581-7011 • E-MAIL: care@garick.com • [www.garick.com](http://www.garick.com)