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Vendor Application

Vendor type: ☐Distributor ☐Online Retailer ☐Offline Retailer ☐Other:_____

Industry: ☐Electronics ☐Sports ☐Travel ☐Home ☐Fashion ☐Rental ☐Gift ☐Other

Legal company name:_____

DBA (If available):_____

VAT # (VAT # required for all EU Countries):_____

Bill to address:

_____ City/Town:_____

Province/State:_____ Postal Code:_____ Country:_____

Ship to address (if different from billing address):

_____ City/Town:_____

Province/State:_____ Postal Code:_____ Country:_____

Contact name: ☐Mr. ☐Ms.

Title:

Phone number:_____

Fax number:_____

Email:_____

Website URL:_____

Year established:_____

Number of Employees:_____

Number of Sales Reps:_____

What is your preferred method of payment?

☐Paypal ☐Wire transfer in advance ☐Check ☐Other_____

Wholesale & Drop-shipping
Email:business@koolertron.com



Sales Information

Annual sales volume(in USD):_____

Estimated annual purchase volume from Koolertron(in USD):_____

Estimated initial order from Koolertron(in USD):_____

Will you sell our product using your own brand name(s)?

☐Yes ☐No If yes, what are your brand names?_____

What other products does your company sell?

Territory/Country covered (List all available please):

List your distribution channels:

Purchasing History

Have you purchased Koolertron products from other supplier/manufacturers?

☐Yes ☐No

If yes, who supplied/manufactured the products?

Have you purchased other similar products from other supplier/manufacturers?

☐Yes ☐No

If yes, who supplied/manufactured the products?



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Purchase Plan

Which products will you consider purchasing in the next three months?

☐Koolertron Car Electronics ☐Koolertron Photography Accessories

☐Koolertron Tablet Accessories ☐Koolertron Computer Accessories

☐Koolertron Video & Audio ☐Koolertron Sport & Outdoors

☐Other: _____

What differentiates your company from your competitive distributors?

How many representatives will you have to focus on Koolertron' s products?

What share of the market would you expect to get within the first 3 years?

Year one_____ Year two_____ Year three_____

Signature_____ Typed name_____ Date_____

Once the form is completed, please email it to: business@koolertron.com

Thank you for completing this application!