

## CHANNEL TRADING PARTNER (CTP) QUALIFICATION FORM

CONTACT INFORMATION			
Company Name:		Contact Person:	
HEAD OFFICE ADDRESS			
Building / Street:	City:	Country:	P. O. Box Number:
Telephone:	Fax:	E-mail:	Website:
PLEASE PROVIDE CONTACT INFORMATION FOR YOUR HEAD OFFICE MANAGEMENT STAFF			
Managing Director / General Manager:		Telephone / Mobile Number:	
Financial Account Manager:		Telephone / Mobile Number:	
Marketing Manager:		Telephone / Mobile Number:	
FINANCIAL INFORMATION (Optional)			
In order for <b>FLOWTRONIX (FT)</b> to complete a credit check we require the following information:			
Bank Name:	Branch:	Account Number:	
Bank Contact Person:		Telephone / Mobile Number:	
ABOUT YOUR BUSINESS			
Number of Employees:	Number of Branch Offices:	Will all branch offices be participating in <b>FT-CTP</b> Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are your branch offices? <input type="checkbox"/> Wholly owned subsidiaries <input type="checkbox"/> Individually owned franchises
Number of Years this company has been in business:	Which other vendor do you currently represent?		
Are you a: <input type="checkbox"/> Distributor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Sales Agent <input type="checkbox"/> Others, please specify _____		Current Sales Turnover:	
WHICH OF THE FOLLOWING INDUSTRIES / APPLICATIONS DO YOU SERVICE			
<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Automotive	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Car Wash Industry
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> Dairy	<input type="checkbox"/> Latex Removal
<input type="checkbox"/> Rendering	<input type="checkbox"/> Metal Plating	<input type="checkbox"/> Odor Control	<input type="checkbox"/> Mining
<input type="checkbox"/> Commercial Laundry	<input type="checkbox"/> Metals Removal	<input type="checkbox"/> Other _____	
Has your company ever worked with <b>FLOWTRONIX (FT)</b> prior to your application today? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, in what capacity?			
What is your specific sales territory/region? Please be specific. We are looking for targeted sales areas, not general territories.			
PLEASE PROVIDE REFERENCES			
Company Name:		Contact Person:	Telephone / Mobile Number:
Company Name:		Contact Person:	Telephone / Mobile Number:



## CHANNEL TRADING PARTNER (CTP) QUALIFICATION FORM

### FT - CTP SALES / MARKETING & ADMIN ONLY

#### FT - CTP ACCOUNTS MANAGER

Recommendations:

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Core Line: Suggestions:

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Print Name & Signature:

Date:

#### FT - CTP SALES MANAGER

Recommendations:

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Print Name & Signature:

Date:

#### FT - MANAGEMENT

Recommendations:

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Print Name & Signature:

Date: