FLOWTRONIX (FT)

Channel Trading Partner (CTP) Qualification Form

CONTACT INFORMATION	
Company Name:	Contact Person:

Head Office Address

Building / Street:	City:	Country:	P.O. Box:
Telephone:	Fax:	E-mail:	Website:

Contact Information of Head Office Management Staffs

Managing Director / General Manager:	Telephone / Mobile Number:
Financial Account Manager:	Telephone / Mobile Number:
Marketing Manager:	Telephone / Mobile Number:

Financial Information (Optional)

In order for Flowtronix (FT) to complete a credit check we require the following information:

Bank Name:	Branch:	Account Number:
Bank Contact Person:	Telephone / Mobile Number:	

About your Business

No. of Employees:	No. of Branch Offices:	Will all branch offices participate in CTP? YES NO	Are your branch offices? Wholly owned subsidiaries Individually owned franchises
No. of years in business:	Which other vendor do you currently represent?		

Are you a: Distributor Wholesaler Retailer Sales agent Others, please specify	Current Sales Turnover:

Industries you serve:

Did you work with Stego prior to your application?   Yes   No   If so, in what capacity?

What is your specific sales territory/region? (Targeted sales areas, not general territories)

References

Company Name:	Contact Person:	Mobile / Phone:	Address:
Company Name:	Contact Person:	Mobile / Phone:	Address:
Company Name:	Contact Person:	Mobile / Phone:	Address:

Channel Trading Partner (CTP) Business Plan

Please describe your business plan for Flowtronix (FT) in your respective market/territory.
You may discuss subjects like roadshows/events/resources/inventory and customer presentation plans.

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FLOWTRONIX - CTP SALES / MARKETING & ADMIN (INTERNAL ONLY)
FLOWTRONIX - CTP Accounts Manager

Recommendations:

Product/ Model Suggestions:

Name and Signature:	Date:

FLOWTRONIX - CTP Sales Manager

Recommendations:

Name and Signature:	Date:

FLOWTRONIX - Management

Recommendations:

Name and Signature:	Date: