

Date	: Distributor Name:
Distri	butor Address:
	butor Website: Distributor Email:
1.	When was your company established?
2.	Personnel associations (number in each group). Sales: Warehouse: Purchasing:
3.	What is your staff turnover rate for the past 2 years?
4.	What is the size of your warehouse or warehouse area?
5.	What geographical area is covered by your company?
6.	How many sales representatives cover the following Canadian areas?  Western: Eastern: Atlantic:
7.	Is there a documented process for the following?
	Receiving
8.	Please provide a list of goods and services that you provide to your customers
9.	Do you have a license/agreement with manufacturers you handle?
10.	Do you provide technical services for product provided?
11.	Is Weatherhaven permitted to contact the manufacturer directly To resolve technical issues?
12.	Are Inspections at your facility prior to shipment permitted?
	Distributor Representative Distributor Position/Title
	Weatherhaven Use Only
	Distributor Approved:  Yes No
Weatherhaven Quality Weatherhaven Supply Chain	