



Distributorship Request Form

Disclaimer: Completion of this form does not guarantee acceptance as a TopRops' Distributor. TopRops is not responsible for any commitments assumed by the undersigned prior to receipt of written approval.

If you run out of space on this form, please feel free to attach a separate document with relevant details/information.

Business Information

Business Name

Date Founded

Street Address

City/Town

Zip/ Postal Code

Country

Phone Number

Fax Number

Website

Contact Email

Business Structure:

Corporation

Partnership

Sole Proprietorship

Owner/Officer

Owner/Officer

Owner/Officer

Owner/Officer

Applicant Information:

Name

Position

Other Business Details:

Does your business operate in multiple locations? If so, please include the addresses/areas here:

Full-time Employees:

1-4

5-10

11-24

25+



Product/Service Information

Do you manufacture your own products? List the products / types of products here:

Does your business distribute other product lines? If so, list them here:

Do you provide repair or upfitting services? Please describe related services here:

Marketing/Sales Information

- | | | |
|---|------------------------------|-----------------------------|
| Are you able to add information about TopRops on your website? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a salesperson OR direct contact with potential customers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will you agree to notify TopRops prior to releasing any ads/copy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will you agree to display TopRops' physical banners/posters? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will you promote your distributor relationship with TopRops? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please describe your sales and marketing strategy, specifically related to TopRops' products:



General Questions

- Are you and/or your company bondable? Yes No
- Does your location have storage for TopRops' inventory? Yes No
- How many square feet? _____
- Do you have the knowledge/resources to install automotive wiring? Yes No
- Are you able to provide ROPS/Hydrobar installation services & sales? Yes No
- Will you agree to sign a confidentiality and non-compete clause? Yes No
- Are you willing to distribute TopRops' entire product line? Yes No
TopRops products include: Light-Duty ROPS/FOPS, Hydrobar (with accessories) and Wheel Chocks
- Are you willing to provide monthly sales info on TopRops' products? Yes No

Why are you interested in distributing TopRops' products?

Describe relevant details of your business (not covered above)

Acknowledgements

I acknowledge that all the information above is true

Business Name

Date

Applicant Name

Applicant Signature