

This form has been created to review your business model and markets and to determine, in general, whether the J&J products have the potential to add value to your organization. The undersigned acknowledges that this is an application form only, expressing your interest in becoming a J&J distributor. You will be contacted.

Company and Contact Information

Company Name:			
Head Office Address:			
City:	State:	Postal Code:	Country:
Website:			
Company Type: <input type="checkbox"/> Incorporated <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:			
Primary Contact Name:		Title:	
Telephone:		Mobile:	
Business Email:		Fax:	
Address (if different from above):			
City:	State:	Postal Code:	Country:

Logistics, Operations and Practices

Territory Covered (home & satellite locations):	
Number of outside sales staff:	Number of inside sales/support staff:
Describe your inside support:	
Please comment on your sales strategy:	
Primary markets:	
Please provide your company history:	

Portfolio

Please identify products that would complement your portfolio as well as those against which you offer a competing product:

Complement	Competing	Complement	Competing
<input type="checkbox"/> Dump Bodies	<input type="checkbox"/>	<input type="checkbox"/> Dump Trailers	<input type="checkbox"/>
<input type="checkbox"/> Light Duty (Class 4-5)	<input type="checkbox"/>	<input type="checkbox"/> Transfer Trailers	<input type="checkbox"/>
<input type="checkbox"/> Medium Duty (Class 6-7)	<input type="checkbox"/>	<input type="checkbox"/> Tankers	<input type="checkbox"/>
<input type="checkbox"/> Heavy Duty (Class 8)	<input type="checkbox"/>	<input type="checkbox"/> Oil & Gas Equipment	<input type="checkbox"/>
<input type="checkbox"/> Off-Road	<input type="checkbox"/>		

Physical Capabilities

Please identify the capabilities of your operation:

<input type="checkbox"/> Installations	<input type="checkbox"/> Service Bays	<input type="checkbox"/> Field Service	<input type="checkbox"/> Overhead Cranes: _____ Tons	Fabrication: <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum
<input type="checkbox"/> Parts Facilities	<input type="checkbox"/> Other	<input type="checkbox"/> Stainless Steel		

Authorization

Name: _____	Please mail, fax or email your completed application to: Attention: Jason Cornell 10558 Somerset Pike, Somerset, PA 15501 Fax: (814) 443-2621 jrc@jibodies.com
Position: _____	
(Authorized Representative) Date: _____	