



DISTRIBUTORSHIP APPLICATION FORM

I. PARTICULARS

i. Name of Business:.....
(KINDLY ATTACH COPY OF CAC CERTIFICATE)

ii. Address:.....
.....

iii. How long have you been operating:

iv. Number of branches (if any):.....

2. TRADING HISTORY

i. Have you been trading in foods and beverages products?.....

ii. If yes, kindly state the product(s).....

3. CAPITAL

i. How much are you ready to invest in this business (minimum of ----- Million).

ii. Do you have financing arrangement with any financial institution (Bank or Finance House)?

iii. Average monthly turnover for the past (3-6) months.

4. LOGISTIC

Do you have/own a vehicle for distribution?..... (If yes) state the type

(If no) state your Plans

5. PROJECTIONS

i. What is the minimum carton that you envisage per month (On CASH).....

ii. IMPORTANT: What area(s) do you intend to cover as a distributor/ sub distributor.....

.....

iii. What area do your wholesalers/sub distributors/customers cover? Please list in order of the importance to you.

1.....

2.....

3.....

4.....

5.....

Please, note that all information in this application will be treated as confidential but we reserve the right to make enquiries regarding the status of any applicant.

This form is not an offer for application as a distributor. Further development will be communicated to you in due course.

6. NAME OF OFFICER / INSTITUTION DISTRIBUTOR COMPLETING THIS APPLICATION:

.....
.....

Address:

Position:..... Tel No:.....

Date:..... Signature:

BANK REFERENCE: (If more than one please use separate paper)

- i. Name of bank:
- ii. Address:
- iii. How long has the account been operating?
- iv. Do you enjoy any CREDIT facility(s)?

7. COMPLETED APPLICATION FORM SHOULD BE RETURNED TO THE:-

**COMMERCIAL DIRECTOR
TROY ATLANTIC LIMITED**
I, Adekunle Owobiyi Close,
Off Oladele Kadiri Close, Ogba,
Ikeja, Lagos, Nigeria.

FOR TROY ATLANTIC LTD

- i. Date application was dispatched:
- ii. ASM's Signature:
- iii. Date application was received:
- iv. Commercial Director's Comment:
- v. Signature:.....Date:.....

- vi. Chief Financial Officer's Comment:
- vii. Signature:.....Date:.....
- viii. Managing Director's Comment:
- ix. Signature:.....Date:.....

TRADE TERMS & CONDITIONS

- 1. To sell the products to all assigned outlets in the coverage area at **TROY** recommended prices
- 2. No territory encroachment
- 3. To update the company on competition and market information from time to time
- 4. To protect and enhance **TROY** interests and franchise within the coverage area by ensuring that accounts (that is, customers including assigned outlets) are regularly serviced and all efforts made to enhance visibility and availability of products and their continuous patronage (brand affinity) by the local populace.
- 5. To work in cooperation with the sales team for redistribution in your area
- 6. All Payments are to be made directly to **Account Name: Troy Atlantic Limited**
Account Number: 7050482018
Banker: FCMB Plc

All correspondences are to be addressed to: **TROY ATLANTIC LTD,**