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6 Grivelle Street, Auckland
PO Box 665
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New Zealand

Distributor Inquiry Form 2015

Applicants must meet at least one of the following criteria;

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The TSLtransformers team (Transformer Specialties Ltd) includes a network of independent specialised distributors that sell our products. Potential distributors must be willing to allow TSLtransformers to use their company logo and/or details for advertising purposes, complete an "Account Application" (located on our website downloads page), meet at least one of the following criteria and complete our inquiry form below.

1. An established company with a minimum of 1 year within the electrical wholesaler industry. 2. An established company with a minimum of 3 years within the electrical industry. 3. \square An established company with a minimum of 5 years within the building / construction industry. Applicants must complete the following inquiry form; **ENTITY DETAILS** please insert applicant's full legal name, ie not trading name; (Please tick) Sole Trader □ Individual □ Partnership □ Ltd Company □ Other (please state): Trading as: Postal Address: Physical Address: E-mail: Website: Nature of Business:_______ Years in Business:______ Telephone: _____ Fax: ____ Mobile: _____ Contact Name & Position: **OWNERSHIP** please insert owner(s) / Directors name(s) in full; 1______Address: ______ _____ Address: ____ 3______Address: _____ 4 ______ Address: _____ _____ Address: _____ IF LIMITED LIABILITY COMPANY - Address of Registered Office:

Date of Incorporation:_____ Incorporation No: _____



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<u>a)</u>	Provide a short brief of your company's history
<u>b) l</u>	List any associated companies or branches
<u>c) </u>	List the products and services provided by your company
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<u>a)</u>	Tell us about your expertise within the electrical industry
<u>d)</u>	ndicate the geographic territory where you are interested in selling our product
	Disclaimer;
fut	I/we warrant to TSLtransformers (Transformer Specialties Ltd) that the above information is to the best of my/our owledge, information and belief true and correct and that I/we am/are duly authorised to enter into this application and are contracts on behalf of the "Distributor". Should your distributor inquiry be accepted I/we also permit the use of our npany logo and/or details, as a bonifide distributor, to be used within advertising and or promotional literature.
Sig	ned Designation
Da	ted this day of

\\Main\tsl\Documents\Account Applications\Account Application 2015.doc