



DISTRIBUTOR APPLICATION FORM

Thank you for your enquiry to become a Stuck 2 U distributor. Please complete this application form and submit via fax or email.

SURNAME	_____	DATE	_____
FIRST NAME	_____		
TEL H	_____	TEL W	_____
CELL	_____	FAX	_____
EMAIL ADDRESS	_____		
ADDRESS PO BOX	_____		
ADDRESS PHYSICAL	_____		
HOME LANGUAGE	_____	SEX - M / F	_____
AGE	_____	DATE OF BIRTH	_____
OCCUPATION	_____	MARITAL STATUS	_____
NO OF CHILDREN/AGES	_____	TITLE	_____
BANK	_____	BRANCH CODE	_____
A/C NAME	_____	A/C NUMBER	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS :-

1. Why do you want to become a Stuck 2 U Distributor ?

2. How much time per week would you spend on marketing these labels ?

1 - 5 Hours 5 - 10 Hours 10 - 20 Hours 20 + Hours

3. Which areas or suburbs would you be selling your labels in as a distributor ?

List on a separate page if necessary and please provide a map indicating the areas

4. How many sales per month would you aim for as a goal by the end of month ...

Month 1 Month 2 Month 3 Month 6
