



1530 Prospect, Kansas City, MO 64127 • PO Box 270228, Kansas City, MO 64127
816-920-5000 • Founded 1934 • FAX 816-920-5511

NEW DISTRIBUTOR PROFILE / APPLICATION

If you wish to pursue a distributorship with Odorite, please complete this profile/application and return it to Odorite International, Inc. at the following address:

Odorite International, Inc.
1530 Prospect Avenue
Kansas City, MO 64127
United States
Phone: (816) 920- 5000
Fax: (816) 920- 5511

GENERAL INFORMATION

PLEASE PRINT

Name: (Last, First, Middle) _____
Current Resident Address: _____

City: _____ State/Province: _____
Zip/Postal Code: _____ County: _____
Country: _____
Do You: (check one) Own _____ Rent _____
Dates at this address: _____
Home Phone (w/area code/country & city code): _____
Fax (w/area code/country & city code): _____
Mobile (w/area code/country & city code): _____
E-mail address: _____

PERSONAL INFORMATION

Date of Birth: _____ Soc. Sec. # / I.D.# / Tax #: _____
Of which country are you a citizen? _____
Marital Status: _____
Have you ever been convicted of a felony? Yes _____ No _____
If yes, briefly explain: _____

EDUCATIONAL BACKGROUND

Schools Attended	Years	Grade/Degree(s) Attained
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS INFORMATION / EXPERIENCE

Present Occupation: _____
Position: _____
Dates Employed: _____
Company: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ County: _____
Country: _____
Phone (w/area/country & city code): _____
Income from present occupation:\$ _____ per year
Other income \$: _____ per year
If other income, please explain: _____

Briefly, describe duties, products represented or sold by your company including brands, number of employees supervised and all other responsibilities

FINANCIAL INFORMATION

Bank: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ County: _____
Country: _____
Phone (w/area/country & city code): _____
Fax (w/area/country & city code): _____
Contact Person: _____
Contact Person e-mail: _____

BUSINESS REFERENCES (U.S. references preferred. Exclude relatives)

1. Name: _____
Address: _____

City: _____ State/Province: _____
Zip/Postal Code: _____ County: _____
Country: _____
Phone (w/area/country & city code): _____
Fax (w/area/country & city code): _____
E-mail address: _____

2. Name: _____
Address: _____

City: _____ State/Province: _____
Zip/Postal Code: _____ County: _____
Country: _____
Phone (w/area/country & city code): _____
Fax (w/area/country & city code): _____
E-mail address: _____

3. Name: _____
Address: _____

City: _____ State/Province: _____
Zip/Postal Code: _____ County: _____
Country: _____
Phone (w/area/country & city code): _____
Fax (w/area/country & city code): _____
E-mail address: _____

MARKETING INFORMATION

Are you currently a representative, dealer or distributor for an air freshener system company?

If yes, who and what products? _____

How long have you been in the distribution or resale business related to cleaning, hygiene and air freshening systems? _____

What is your current geographic territory for the above products?

MARKETING INFORMATION -- Continued

What geographic territory are you interested in for an Odorite Distributorship?

What are the projected sales of Odorite product through your network for the next two years?

Year:	_____	Projected Sales	_____
Year:	_____	Projected Sales	_____

I hereby certify that all information above is correct and true to the best of my knowledge.

Signature

Date

The submission of this profile/application does not obligate either the applicant or Odorite International, Inc. in any manner, nor does it imply that there is any legal or commercial relationship between either party. It is merely a preliminary procedure. All information will be kept strictly confidential.