



UKSOL DISTRIBUTOR APPLICATION FORM

ALL INFORMATION GIVEN WILL BE TREATED CONFIDENTIALLY

Your name:	Your role or	position:			
Company name:	Company w	vebsite:]	
Contact phone no.:	Mobile no.:		Fax no.:		
Contact email:	Contact Skype:				
Registered office address:					
VAT / sales tax no.:	Company registrat	tion no.:	How long h	nave you bee	en trading
Do you already sell solar products? YES NO NO	ES, which products do	you already sel	1?		
	cribe the geographico normally cover.	al sales area			
exclusivity in your sales area? w	oo you have a varehouse? 'ES NO	Can you imp containers? YES	oort NO	Do you nee sales traini YES	
SIGNED:			MAIL THIS (O SALES@U	COMPLETEI UKSOL.UK	D FORM