

Sollitech collaboration Application Form

(2 pages)

All information submitted in this application will serve for verification purposes only and remains confidential by **Sollitech**.

Complete form should be faxed to: +962 6 5684977 or emailed to info@sollitech.com .

Company Information	
Full name of company:	
Business registration number:	
Tax ID / VAT (if different than registration number):	
Business type:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership	
Date of incorporation (DD/MM/YYYY):	Number of employees:
Nature of business:	
Head office phone number:	Fax:
Physical address	
Street:	
City:	Postal (Zip) Code:
State:	Country:
Mailing address (if different than above)	
Street:	
City:	Postal (Zip) Code:
State:	Country:
Contacts and Officers	
Main contact person (full name) Mr./Mrs.:	
Title:	
Phone number:	Extension:
Mobile phone:	Email address:
Officer/Partner 1 (full name) Mr./Mrs.:	
Phone number:	Extension:
Mobile phone:	Email address:
Officer/Partner 2 (full name) Mr./Mrs.:	
Phone number:	Extension:
Mobile phone:	Email address:

Trade references / Other Representations	
Company/organization 1 name:	
Contact person (full name) Mr. / Mrs.:	
Title:	
Phone number:	Extension:
Email address:	
Company/organization 2 name:	
Contact person (full name) Mr. / Mrs.:	
Title:	
Phone number:	Extension:
Email address:	
Company/organization 3 name:	
Contact person (full name) Mr. / Mrs.:	
Title:	
Phone number:	Extension:
Email address:	
Existing company traded brands/products	
Products of Interest for Distribution	
Distribution Specifics	
<input type="checkbox"/> Exclusive <input type="checkbox"/> Non-Exclusive <input type="checkbox"/> Limited Exclusivity	
Distribution Region:	

Submitted by: _____

Title: _____

Signature: _____

Date: _____/_____/_____