



Invelop Inc. Distributor Application

Date _____

Name of Business: _____

Address: _____

Phone: _____ Fax: _____

E-mail address(s) _____ Website(s) _____

Contact Name & Title _____

Years in Business _____ Do you warehouse/stock? _____ # of other locations _____

Addresses if applicable: _____

What product categories do you sell? _____

What percentage of your sales are in the following markets: Boot and Shoe Sales: _____% Repairs: _____%

Retail: _____% Online: _____% Other (specify): _____%

Do you have sales people? _____ How many inside: _____ Outside: _____

Do you have a showroom(s) or retail store(s)? _____, Do you mail a ___flyer or ___ catalog? How many pages? _____

How many mailed? _____ How Often & schedule? _____ Do you attend Trade Shows? _____

How many (approx.) per year? _____ Percentage of your sales to end users _____% Wholesale _____%

What regions of your country do you sell into? _____

What other countries do you sell into? _____

What regions in other countries do you sell into? _____

Please briefly explain your plans to distribute? _____

Additional Comments: _____

Please return via fax to 818-886-0218 or e-mail to info@BootGuard.com

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