



# Kenney & Ross Limited

6493 SHORE ROAD, RR3 SHELBURNE, PORT SAXON, NS B0T 1W0  
TEL • 902-637-2616 FAX • 902-637-2511

## POTENTIAL INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE

*(Please Type or Print)*

COMPANY NAME:

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ADDRESS:

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TELEPHONE NUMBER:

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FAX NUMBER:

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CONTACT PERSON:

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E-MAIL ADDRESS:

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COMPANY WEBSITE:

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SHIPPING ADDRESS:

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1. Provide a brief description of your company's business:

2. Number of years in business:



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**3. Names of the Owners/Principals of your company:**

NAME	TITLE	Participate in the daily operation of the company	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4. Your company's total sales for following calendar years. Please specify currency:**

2012 \_\_\_\_\_

2013 \_\_\_\_\_

2014 (estimated) \_\_\_\_\_

**5. Do you have your own sales force? \_\_\_\_\_**

If yes, how many sales people do you have on staff? \_\_\_\_\_

If not, how do you sell your products? \_\_\_\_\_

**6. How do you market the products you distribute?**

**7. References of companies for whom you are currently distributing products:**

COMPANY NAME	THEIR COUNTRY	CONTACT PERSON	EMAIL ADDRESS



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8. Do you represent any of these companies in countries other than your home country?

\_\_\_\_\_  
If yes, what other countries do you distribute to?

\_\_\_\_\_

9. What realistic level of purchases from Kenney & Ross Ltd would you anticipate?

Calendar Year 1 (2014): \_\_\_\_\_ Metric tons

Calendar Year 2 (2015): \_\_\_\_\_ Metric tons

Calendar Year 3 (2016): \_\_\_\_\_ Metric tons

NAME AND TITLE OF PERSON COMPLETING QUESTIONNAIRE:

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

*Please return this questionnaire with any brochures or annual reports pertaining to your company.*

*Thank you for your cooperation and patience.*



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## APPLICATION FOR NET 30 ACCOUNT (Please Print)

<b>COMPANY:</b>	_____	<b>BANK REFERENCE:</b>	_____
<b>Address:</b>	_____ _____ _____	<b>Address:</b>	_____ _____ _____
<b>Telephone:</b>	_____	<b>Account No:</b>	_____
<b>Facsimile:</b>	_____	<b>BANK Tel No:</b>	_____
<b>A/P Manager:</b>	_____	<b>D &amp; B Number:</b>	_____
<b>Controller:</b>	_____	<b>D &amp; B Rating:</b>	_____

## TRADE REFERENCES

<b>COMPANY:</b>	_____	<b>COMPANY:</b>	_____
<b>Contact:</b>	_____	<b>Contact:</b>	_____
<b>Address:</b>	_____ _____ _____	<b>Address:</b>	_____ _____ _____
<b>Telephone:</b>	_____	<b>Telephone:</b>	_____
<b>Facsimile:</b>	_____	<b>Facsimile:</b>	_____
<b>COMPANY:</b>	_____	<b>COMPANY:</b>	_____
<b>Contact :</b>	_____	<b>Contact:</b>	_____
<b>Address:</b>	_____ _____ _____	<b>Address:</b>	_____ _____ _____
<b>Telephone:</b>	_____	<b>Telephone:</b>	_____
<b>Facsimile:</b>	_____	<b>Facsimile:</b>	_____

**PROJECTED MONTHLY PURCHASE:** \_\_\_\_\_

_____	_____	_____	_____
Print Name	Your Signature	Your Title	Date