**CONTACT INFORMATION**

**Business Name (Trading Name):**  
(Please provide your business name)

**Business Address:**  
(Street address, City, Zip code)

**Phone:**  
(Phone number)

**Email:**  
(Company email)

**Company Website:**  
(Website URL)

**Principal Contact Name:**  
(Name of principal contact person)

**Job Title:**  
(Contact person’s job title)

**Principal Contact Email:**  
(Email address of the principal contact)

**BUSINESS BACKGROUND**

**Years of Experience in the Water Treatment Industry:**  
(Years of experience in water treatment)

**Products/Services You Currently Offer:**  
Please provide details of the water treatment products or services you currently offer, such as water filtration, softeners, reverse osmosis systems, etc.

**Type of Business:**

* Retailer
* Wholesaler
* Import/Export
* Other (please specify)

**Number of Years in Business:**  
(Years of operation)]

**Number of Locations:**  
(How many physical locations you operate from)

**Number of Employees in Sales:**  
(How many sales team members you have)

**Number of Employees in Technical Service:**  
(How many technical staff you have)

**Yearly Revenue in Your Local Currency:**  
(Annual revenue)

**DISTRIBUTION REQUESTS**

**Sovereign Water Products You Are Interested In:**  
Please specify the Sovereign Water products you are interested in distributing (e.g., reverse osmosis systems, filters, water softeners, UV disinfection systems).

**How Do You Plan to Promote and Sell Sovereign Water Products?**  
Please provide a brief explanation of your marketing strategy and how you plan to promote and sell Sovereign Water products.

**Sales Projections:**  
Please provide your projected sales for Sovereign Water products over the next 3, 6, and 12 months.

**AUTHORIZED SIGNATURE**

**Signature:**  
**Date of Application:**