

DISTRIBUTOR APPLICATION

DISTRIBUTOR VETTING QUESTIONNAIRE

Thank you for your interest in becoming a distributor for Synergy Building Technologies and our products and sealers. Please complete this application so we can evaluate your company and ensure a strong partnership.

1. Company Information	
Company Name: _____	Business Address _____
Primary Contact Name: _____	City: _____ State: _____ ZIP: _____
Title: _____	Years in Business: _____
Phone Number: _____	Federal Tax ID (EIN): _____
Email Address: _____	

2. MARKET COVERAGE	
What geographic areas do you currently serve? (Please list states/counties/regions) _____	
Do you have exclusive territories with other manufacturers? Yes No	If yes, please explain: _____
How many active customers/contractors do you currently supply? _____	What industries do you primarily serve? (e.g., concrete, coatings, construction, waterproofing) _____

3. PRODUCT PORTFOLIO		
What product categories do you currently distribute? (Please list) _____	How many total SKUs/products do you carry? _____	Do you currently distribute cement repair products or sealers? Yes No If yes, list brands: _____
What are your top 5 best-selling products? (Please list) _____		

4. SALES VOLUME & PERFORMANCE
What is your annual gross sales volume? _____
What is your annual volume specifically for cement-related or coating products? _____
Average monthly sales volume (units or revenue): _____
What is your typical order size per customer? _____

5. OPERATIONS & LOGISTICS	
Do you stock inventory? Yes No	Average inventory value on hand: _____
Warehouse size (sq ft): _____	Number of warehouse locations: _____
How do you manage inventory? ERP System Manual Other: _____	

6. ORDER PROCESSING
How do customers place orders? (Phone, email, website, sales reps, etc.) _____
Average order processing time: _____
Do you offer online ordering? Yes No If yes, provide website: _____
Do you provide same-day or next-day fulfillment? Yes No
Shipping methods used (LTL, parcel, in-house delivery, etc.): _____

7. DIGITAL PRESENCE & MARKETING
Do you have a website? Yes No If yes, provide website: _____
Do you sell products online / e-commerce? Yes No
What marketing channels do you use? (Check all that apply) Email Marketing Social Media Sales Reps Trade Shows Direct Mail Other: _____
Do you have a sales team? Yes No If yes, how many reps? _____

8. TECHNICAL & CUSTOMER SUPPORT
Do you provide product training to contractors? Yes No
Do you have technical support staff? Yes No
How do you handle customer issues or product claims? _____

9. DISTRIBUTION STRATEGY
Why are you interested in distributing our products? _____
What makes your company a strong distribution partner? _____
How do you plan to grow sales for our product line? _____
Estimated monthly volume commitment: _____

10. REFERENCES
Please provide 2-3 supplier or manufacturer references:
Name Company Phone Email

11. ADDITIONAL COMMENTS
Any additional information you would like us to consider? _____

AUTHORIZATION

I certify that the information provided in this application is true and accurate to the best of my knowledge. I authorize Synergy Building Technologies to verify the information provided.

Authorized Signature: _____

Title: _____

Date: _____

Please complete this application and return it to: info@synergybuildingtech.com