



DISTRIBUTOR APPLICATION FORM

Company name_____

Years in business_____

Main Business_____

Products/brands marketed_____

Does your business represent any other company (if yes please list the company names represented or the brands distributed)_____

Which markets do you serve with your products/services_____

How many employees does your business have_____

How many customers (mushroom farms or compost farms) do you serve in your country and/or in other countries_____

Does your company own/lease a commercial building? _____

Do you have a cooling storage_____

Does your company deliver products directly to customers with using your own transport?

Please send us a picture of your premises and a picture of your cooler by email at sales@italspawn.com

After filling out this form you can either return it to us by email (using the email above email address) or by fax @ +390423639423

Thank you
Italspawn staff