



UNITED BUSINESS INTERNATIONAL SDN BHD

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NEW DISTRIBUTOR APPLICATION FORM

DISTRIBUTOR INFORMATION

DISTRIBUTOR NAME:

COMPANY REGISTRATION NO.:

YEARS OF ESTABLISHMENT:

DATE:

ADDRESS:

CITY:

STATE/ PROVINCE:

POST CODE:

COUNTRY:

PHONE:

FAX:

EMAIL:

COMPANY WEB ADDRESS:

PRINCIPAL NAME AND TITLE:

PRINCIPAL CONTACT'S EMAIL:

PRINCIPAL TELEPHONE NO:

NUMBER OF STAFFS EXCLUDING SALES EMPLOYEES:

PURCHASING CONTACT:

REFERENCES AND BANKING INFORMATION

PLEASE PROVIDE THREE TRADE REFERENCES:

- 1.
- 2.
- 3.

PLEASE LIST BANK INFORMATION:

BANK NAME:

BANK PHONE NUMER:

BANK CONTACT NAME:

BANK ACCOUNT NUMBER:

DISTRIBUTION SERVICE

NUMBER OF YEARS IN BUSINESS:

NUMBER OF SALES EMPLOYEES:

- GENERAL:

- EXCLUSIVE:

ANNUAL REVENUE (SPECIFY CURRENCY):

TERRITORY:

FOR UBI INTERNAL USE

UBI representative:

Target Markets:

Type of Distributor (general/specific market):

What other similar products does the distributor sell?

Specify Territory the distributor will sell in: