

# Distributor Profile



In order to objectively evaluate your company's application to become an appointed distributor for Platts & Nisbett in your region, you are required to complete the form below.

If you have any questions relating to the form, please do not hesitate to contact us.

**Note:** All information submitted will be treated as confidential and is for internal use only. This information will not be disclosed to any third party. **Please complete this form and return to Julie Corrigan at the address below or by email to [julie@plattsnisbett.com](mailto:julie@plattsnisbett.com)**

Company:	<input type="text"/>
	<input type="text"/>
Address of Head Office:	<input type="text"/>
	<input type="text"/>
Country:	<input type="text"/>
Telephone:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>
Website:	<input type="text"/>

**Who would be your primary contact?**

Name:	<input type="text"/>
Job Title:	<input type="text"/>
Direct Telephone:	<input type="text"/>
Email:	<input type="text"/>

**Brief company profile (include year company formed, number of staff employed)**

Where are your offices located	<input type="text"/>
Which geographical territories do you cover	<input type="text"/>
What other companies do you represent	<input type="text"/>
What are your short term company objectives	<input type="text"/>
What are your long term company objectives	<input type="text"/>

**Annual Turnover**

This Year	<input type="text"/>	Last Year	<input type="text"/>	Previous Year	<input type="text"/>
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## Quality Assurance

### Details of your contact for quality

Name:

Job Title:

Direct Telephone:

Email:

Is your company registered to any recognised quality standards?      Yes       No

Which standards is your company registered to:    ISO 9001     ISO 13485     Other (Please specify)

Certificate Numbers (Please provide copies)

Scope of Registration (Please provide copies)

Do you have product certification / approval?      Yes       No

(e.g CE Mark)

If necessary, are your technical files available for inspection?      Yes       No

Have you carried out and documented a comprehensive risk analysis for the products you supply?      Yes       No

### Company Referees (Please provide contact names at principal suppliers)

Name & Job Title

Company:

Direct Telephone:

Email:

Name & Job Title

Company:

Direct Telephone:

Email:

### If you would like to add any additional information, please do so here

### Company Authorisation

Completed by:

Position:

Signature:

Date: