



Corporate Office
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Northern California Office
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Mexico Office
Torre IOS Campestre
Av. Ricardo Margain 575
Parque Corporativo Sta. Engracia
San Pedro Garza Garcia, Nuevo León
Mexico 66267
Ph: 52 81 8000 7545

EU Office
Weena 290, 3012 NJ
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The Netherlands
Ph: +3.110.282.1687

GO₂™ DISTRIBUTOR QUESTIONNAIRE

! ALL RED FIELDS ARE MANDATORY FIELDS !

1. COMPANY DETAILS								
Corporate Name:				(DBA) Trade Name:				To be used on any PO
Street Address:					Number of Years in Business:			
City:		State:		Zip:		Annual Sales of the Company:		
Phone:		Direct:				Number of Employees:		
Fax:		Other:				Number of Sales Personnel:		
E-mail:					Number of Technical Personnel:			
Web Site Address:					Number of Sub-distributors:			

2. BUSINESS INFORMATION									
PROFIT		NON-PROFIT							
Proprietorship		Partnership		Limited Partnership		LLC	Corporation	State of:	Franchise of:
Contact Person:				Phone and Ext.				Email address:	
Federal Tax ID:				Sales Tax Exempt:		Yes No (If Yes, please attach certificate)			
Purchase Order Required:	Yes No		Tax Code		(Attach Resale Certificate) :				
Please circle preferred method of receiving invoices:						Mail	Fax	E-mail	
Please Check preferred Terms of Payment:						Net 30	L/C	Wire Transfer	2% Discount/10days
Remittance Address:						Phone Number:			
Accounts Payable Contact:						Email Address:			

Please insert E-mail address and Phone contact details of your key personnel as applicable below:

3. KEY PERSONNEL INFORMATION				
	Name	Phone	E-Mail	Title
1.				
2.				
3.				
4.				
5.				
6.				

4. OWNER/OFFICER/DIRECTOR INFORMATION							
	Name	Title	Address	City	State	Zip	Phone No.
1.							
2.							
3.							
4.							
5.							
6.							

1. TRADE REFERENCES						
	Company Name	Contact	City, State	Phone	Fax	E-mail
1.						
2.						
3.						
4.						
5.						

5. BANK INFORMATION

Bank Name:		Branch Phone No.:	
Address:		Bank Contact:	
City, State, Zip		Business Checking Account No.:	

2. OPERATIONAL INFORMATION

A. Please provide details of principal industries that you focus upon. For example, poultry, livestock, aquaculture, horticulture, agriculture, food industry, retail, municipal water, hospitals, etc.

1.		2.		3.		4.	
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B. Please provide examples of major Clients that you do business with.

1.		5.	
2.		6.	
3.		7.	
4.		8.	

C. Please provide details of “water services” provided by your Company (as opposed to distribution of products)

Types of Service:	1.	
	2.	

D. Please provide details of the technical/scientific/engineering resources within your Company

1. Number of Chemists:		a.	
2. Number of Water Industry Engineers:		b.	
3. Industry Specialists and Types:		c.	
		d.	

E. Please provide details of principal products distributed by your Company.

	Product	Manufacturer	Annual Sales (US \$)
1.			
2.			
3.			

F. Please provide details of any product that is a competitor to GO2.

	Product	Manufacturer	Annual Sales (US \$)	Number of Years Distributed
1.				
2.				
3.				

Relevant Qualifications/Approvals:	ISO 9000/9001	Other:	
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3. COMPANY SIGNING

Applicant agrees to pay for all purchases net 30 days from invoice date. *To the best of my knowledge, this Application for Credit is accurate and complete. I hereby agree, that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court cost incurred and permitted by law governing these transactions.*

Name of Company		Date	
Signed By		Title	
Signature			

! Please complete this interactive form and return this PDF form to kblevins@go2intl.com **!**
Print, sign and fax signed copy to +1-866-448-0829 for prompt attention.
Any missing information may delay approval and shipment.