Distributor Application

Thank you for your interest in distributing Eleganza products. Please tell us about your business below.

Fill this in on your computer, or print it and write in capital letters. Write "N/A" where a question does not apply.

Factory prices ✦ Steady supply ✦ A name trusted since 1957

Attach the applicant's passport photograph here

1 · ABOUT YOUR BUSINESS

Business name			
Type of business	☐ Sole proprietorship ☐ Partnership ☐ Limited company (Ltd) ☐ PLC ☐ Incorporated trustees (NGO / association)		
How you sell Tick all that apply	☐ Wholesaler ☐ Supermarket / retail shop ☐ Open-market trader ☐ Sub-distributor ☐ Institutional (schools, offices, events) ☐ Online reseller		
CAC registration number		**Year business started**	
Shop / office address			
State Where the business is based		**City / LGA**	
Warehouse / store address If different from above			
Storage space Approx. size in square metres		**Staff / sales reps**	
Business phone		**Business email**	
Instagram / website Optional			

2 · CONTACT PEOPLE

Owner's full name		**Owner's phone**	
Second contact Name and role		**Their phone**	

3 · EXPERIENCE AND COVERAGE

Years of distribution experience	
Proposed state(s) and area of coverage	
How you heard about us	☐ Social media / website ☐ Advertisement ☐ Someone referred me ☐ Eleganza staff / showroom ☐ Trade fair / event ☐ I already buy from Eleganza
Do you distribute for other manufacturers?	☐ Yes, listed below ☐ No

#	Manufacturer / company	Products you distribute for them	Monthly sales turnover (₦)
1			
2			
3			

4 · PRODUCTS YOU ARE INTERESTED IN

TICK ALL THAT APPLY

Furniture	☐ Chairs	☐ Tables & school furniture	☐ Beds & cradles
Kitchen & dining	☐ Bowls & buckets ☐ Reusable food packs & cups	☐ Casseroles & food flasks ☐ Dish care	☐ Coolers
Storage	☐ Baskets & crates ☐ Dustbins	☐ Chemical & water drums ☐ Luggage	☐ Overhead water tanks
Personal care	☐ Sanitary pads (Dailys) ☐ Soap	☐ Diapers (Cares)	☐ Cosmetics & body care
Industrial	☐ PET preforms & bottles	☐ Packaging boxes	☐ Soap moulds
Everything	☐ The full range		
Others Write them here			

5 · DISTRIBUTION CAPACITY

Distribution / retail network available Shops, markets or institutions you supply, and how many	
Re-distribution facilities Vehicles, if any: number and type	
Proposed initial investment (₦)	☐ ₦1 million – ₦5 million ☐ ₦5 million and above (qualifies for incentives)
Expected monthly orders from Eleganza (₦)	
Your bank Optional	

6 · REFERENCE

A BUSINESS YOU BUY FROM OR SELL TO

Full name / business		**Phone**	
Address			
Signature		**Date**	

7 · GUARANTOR

NOT YOUR REFERENCE OR A FAMILY MEMBER

Full name			
Phone		**Occupation**	
Address			
Signature		**Date**	

Attach the guarantor's passport photograph here

8 · DOCUMENTS TO SEND WITH THIS FORM

TICK WHEN ATTACHED

- ☐ Copy of your CAC registration certificate
- ☐ Owner's valid ID (NIN slip, passport or driver's licence)
- ☐ Owner's passport photograph
- ☐ Guarantor's passport photograph
- ☐ Photo of the front of your shop or warehouse

9 · DECLARATION

I confirm that the information in this application is true and complete. I agree that Eleganza Industrial City Limited may use it to assess my application, verify my details, and contact me, my reference and my guarantor. Eleganza may decline an application it cannot verify.

Applicant's name			
Applicant's signature		Date	

10 · WITNESS

NOT A FAMILY MEMBER

Full name			
Address			
Signature		Date	

How to send it: send this completed form and your documents (clear photos are fine) to us on WhatsApp at **0811 383 4417** or by email to **distributors@eleganzaindustries.com**. You can also apply online at **eleganzaindustries.com/distributors/apply**.

FOR ELEGANZA OFFICE USE ONLY

Application ref.		Date received	
Received by		Sales officer assigned	
Checks done	☐ CAC checked ☐ Reference called ☐ Guarantor called ☐ Premises seen ☐ Documents complete		
Territory agreed		Distributor level	
Date onboarded		Price list issued (date)	
Distributor ID ELZ-		Monthly target (₦)	
Agreement	☐ Sent (date): _____ ☐ Signed (date): _____ Priority: ☐ High ☐ Medium ☐ Low		
Decision	☐ Approved ☐ Declined ☐ More information needed		
Approved by		Signature / date	
GMD's signature		Date	
GMD's remarks & recommendations			