

Information required from Potential Distributors



atg
access ltd

To speed along the process of recruiting distributors please obtain as much information as you can for the sections below.

Company Name: _____

Company Address: _____

Tel No: _____

Fax No: _____

E-mail: _____

Company type: Private Ltd. Partnership Sole Trader

Other (please specify)

Company Reg No: _____

Insurance Provider: Employers Liability _____

Professional Indemnity _____

Third Party _____

Scope of Work:

Please list any accreditations or professional awards, include registration to any quality standards: