

Dealer Application Form

JOG Athletics - Dealer/Distribution Partner Qualification



Thank you for your interest in partnering with **JOG Athletics**. This application helps us learn about your business and determine whether a dealer relationship is a good fit. Please complete the form below. Fields marked with an asterisk (*) are required.

1. Dealer / Business Name and Contact Info

Dealer / Business Name *

Primary Contact Name *

Title / Role

Phone *

Email *

Website (optional)

Business Address (Street / Suite) *

City *

State/Province

Postal Code

Country *

2. Location and Territory Coverage

Headquarters Location (City, State/Country)

Territory Coverage Type (exclusive, non-exclusive, etc.)

Territory / Regions Covered (states, provinces, countries, or key metro areas) *

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3. Sales Volume and Stores (if available)

Annual Sales Volume (last 12 months)

Number of Stores / Doors Covered

Key Stores / Accounts - include names and locations (optional)

Sales Notes / Projections (optional)

4. Current Brands They Carry / Who They Work With

Current Brands You Carry / Represent *

Key Partners, Retailers, or Accounts You Work With (optional)

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5. Sales Channels and Sales Force

Sales Channels (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Wholesale to retailers | <input type="checkbox"/> Brick-and-mortar retail (owned stores) |
| <input type="checkbox"/> E-commerce (own website) | <input type="checkbox"/> Marketplaces (e.g., Amazon, etc.) |
| <input type="checkbox"/> Team / club / school sales | <input type="checkbox"/> Corporate / uniform programs |
| <input type="checkbox"/> International distribution | <input type="checkbox"/> Other (describe below) |

If 'Other', please describe (optional)

Number of Sales Reps / Agents (if any)

Sales Team Type (in-house, independent, both)

Describe Your Sales Process & Support Resources (showrooms, marketing, service, etc.)

6. Target Customers

Target customers (segments, demographics, buyer types) *

Typical Price Points / Positioning (optional)

Primary Categories You Focus On (optional)

Additional Notes (optional)

Certification

By submitting this form, you confirm that the information provided is accurate to the best of your knowledge.

Name (typed) *

Title

Date *

Signature (typed)