



A division of Grand Industries

Distribution Assessment Questionnaire

PROSPECTIVE DISTRIBUTOR QUESTIONNAIRE

Full company name: _____

Address of office: _____ Phone: _____

Address of plant: _____ Phone: _____

Business organization:

(a) Individual Partnership Corporation

(b) Subsidiary

Of: _____

Principal Executives:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

VP of Marketing: _____ Purchasing Director _____

Product Manager: _____ Marketing Manager: _____

Director of Merchandising and Cataloguing: _____

Company Information:

Type of business:

General Information:

Total number of employees _____ Eng _____ Quality _____

Size of facility (Square Feet) _____ Years in business _____

List of prime customers that you are currently doing business with:

Received by: _____ Title: _____ Date: _____



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1407 N. Batavia, Suite #110
Orange, CA 92867
TEL (800) 675-2537 / FAX (714) 639-6991



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COMPANY INFORMATION

Legal Name of Applicant:		Fed I.D. No:	
Legal Address:		Date Established:	
Business Address:			
Description of business:			
Bill-To Address:	Billing Contact:	TEL:	FAX: Email:
CFO:			
Ship-To Address:	Ship-To Contact:	TEL:	FAX: Email:

REFERENCES

Bank	Acct. Type	Account #	Address	Tel No.	Contact
Trade and Finance		Account #	Address	Tel No.	Fax No.

Please list three professional references below.

Name	Company	Tel No.	Fax No.	Address	Length of Relationship
					___ years
					___ years
					___ years



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PRINCIPALS

Name:	Title:	Phone:
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I/We hereby authorize any reference listed above and any credit-reporting agency to release to the presenter of this document. I/We affirm that all financial and other information I/We have provided with regard to this application is true and correct.

X _____ Title: _____

X _____ Title: _____

BANK INFORMATION

U.S. Suppliers:

Bank Name:			
City & State:			
Phone #:		Fax #:	
ABA Routing #:		Bank Account #:	
Web Address:		Email:	

For International Suppliers Only:

Bank Name:			
Country:			
Phone #:		Fax #:	
Bank #:		Bank Transit #:	
Web Address:		Email:	
European Banks Only	IBAN #:		



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Please provide I-9 information and return with distributor packet

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City		State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____		
Employee's Signature				Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

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