



Distributor Application Form

Company Name: _____

Contact Person: _____

Street Address: _____

City, State, Zipcode: _____

Phone: _____

Cel: _____

Email: _____

Website: _____

Number of Employees: _____ **Sales Peoples:** _____

Geographical Coverage: _____

(List all reveland cities, counties and states with people on the ground)

Foods Segments: _____

(List all foods segment with specializaed focus)

Target Customer: _____

(Describe your target customer base and their needs)

Business Objectives: _____

(Describe your Business Objectives and Level of Commitment to our Products Line)

Signature: _____

Name: _____

Date: _____

Title: _____



HENDY FOODS, LLC
800 SE 4th Ave, Suite 817
Hallandale Beach, FL 33009
www.hendyfoods.com

Any Question contact:
Name: Joaquin Cossio
Phone: 786.208.5709