



PREMIUM POWDERED MILK

INTERNATIONAL
DISTRIBUTOR
APPLICATION
PAGE 1 OF 6

Kindly fill out the form below
Submit to HAPPY MILK.
via email at:
chris@buyhappymilk.com

ABOUT YOUR COMPANY

COMPANY NAME:

PROVIDE A BRIEF OVERVIEW OF YOUR COMPANY

<i>What is the name of your main contact?</i>		<i>What are your core areas of business?</i>	
<i>Full address (include country and mailing code)</i>		<i>How can we reach you?</i>	
		Telephone:	
		Cell / Mobile No.:	
		Fax:	
Email:			
Skype Account:			
<i>Where is your corporate headquarters located (City and Country)?</i>		<i>How many branch offices do you operate and where are they located?</i>	
<i>Please list all of the geographic markets and/or countries into which you distribute products.</i>		<i>Please provide your website address?</i>	
<i>How many people (total) does your company employ?</i>		<i>How many direct sales representatives does your company employ?</i>	

PLEASE PROVIDE YOUR COMPANY ORGANIZATION

*Specify a brief overview of your sales and marketing operation, management structure and logistic expertise.
(You may submit a summarize bio of your team here)*



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PLEASE PROVIDE US WITH SOME FINANCIAL INFORMATION

Bank Reference

Are you privately owned or publicly held? If publicly held, please provide the exchange and your symbol.

Private

Public

Exchange & Symbol:

Credit Reference #1

Credit Reference #2

Company Name:

Contact Name:

Address:

Telephone:

Fax:

Email:

Company Name:

Contact Name:

Address:

Telephone:

Fax:

Email:

SALES

Annual Turnover (Gross Sales) in U.S. Dollars:

- Under \$500,000
- \$500,000 - \$1,000,000
- \$1,000,000 - \$3,000,000
- \$3,000,000 - \$5,000,000
- \$5,000,000 +

ABOUT YOUR MARKET

Market your company serves (Check all that apply):

- Chain Stores (C-Stores)
- Club Stores
- Direct Shipment Distributors (D.S.D.)
- Distributors
- e-commerce
- Pharmacies
- Physicians (Doctor's) offices, Clinics, Hospitals
- Wholesalers
- Other (specify):

PLEASE TELL US ABOUT THE TYPES AND NUMBERS OF FORMULAS AVAILABLE IN YOUR MARKET

Infant Formula	Types:		No.:	
Baby follow on formula	Types:		No.:	
Toddler Formula	Types:		No.:	
Children Formula	Types:		No.:	
Adult Formula	Types:		No.:	
Diabetic Formula	Types:		No.:	
Elder Care Formula	Types:		No.:	
Sports Formulas	Types:		No.:	
Diet Formulas	Types:		No.:	



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WHAT HAPPY MILK PRODUCT LINES OF INTEREST TO YOU?

FOR THE PRODUCT LINES OF INTEREST, WHAT PRODUCTS DO YOU CURRENTLY SELL AND WHAT PERCENTAGE OF YOUR TURNOVER RESULTS FROM EACH?

PLEASE SPECIFY TYPE OF PRODUCTS AND BRAND NAMES

Company	Product Line	Market Share %

FOR THE PRODUCTS LINES OF INTEREST, WHAT COMPETITOR PRODUCTS ARE DISTRIBUTED IN YOU REGION?

PLEASE SPECIFY TYPE OF PRODUCTS AND BRAND NAMES

Company	Product Line	Market Share %

ABOUT REGULATIONS

DESCRIBE THE REGISTRATION PROCESS FOR THE DISTRIBUTION OF IMPORTED FORMULAS IN YOUR MARKET(S).



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*WHAT OTHER REGULATIONS GOVERN THE IMPORT OF FORMULA PRODUCTS IN YOUR COUNTRY?
WHAT IS THE TAXATION RATE OF FORMULA PRODUCTS IN YOUR COUNTRY?
DOES THE GOVERNMENT REGULATE MARK-UPS?*

ENTERING THE MARKET

HOW WOULD YOU PROPOSE INTRODUCING HAPPY MILK PRODUCTS IN THE MARKET?

WHAT DIFFERENTIATES YOUR COMPANY FROM YOUR COMPETITIVE DISTRIBUTORS?

*WOULD YOU WANT TO SELL OUR PRODUCTS REGIONALLY OR NATIONALLY?
Which countries / states / districts / areas / cities are you able to distribute to?*



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IF YOU INTEND TO SELL NATIONALLY, HOW DO YOU PROPOSE TO DO THIS?

HOW WILL YOU REPRESENT HAPPY MILK NATIONALLY?

HOW MANY REPRESENTATIVES WILL YOU HAVE TO FOCUS ON OUR PRODUCTS?

WHAT SHARE OF THE MARKET WOULD YOU EXPECT TO GET WITH IN THE FIRST 3 YEARS?

Year 1

Year 2

Year 3

ADDITIONAL COMMENTS OR NOTES:

Happy Milk



**INTERNATIONAL
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**ATTENTION:
DO NOT FILL OUT THIS SECTION
HAPPY MILK
FOR APPROVAL USE ONLY**

DATE OF APPLICATION RECEIVED:

FOR OFFICE USE ONLY

SALES MANAGER'S DEPARTMENT

COMMENT:

SIGNATURE

DATE:

HEAD OF SALES & MARKETING

COMMENT:

SIGNATURE

DATE:

CONTROLLER, COMMERCIAL SERVICE AUTHORIZATION

COMMENT:

SIGNATURE

DATE:

FINANCIAL CONTROLLER

COMMENT:

SIGNATURE

DATE:

LEGAL DEPARTMENT

COMMENT:

SIGNATURE

DATE:

GENERAL MANAGER

COMMENT:

SIGNATURE

DATE:

DETERMINATION

APPROVED

DENIED

PENDING