

Company Profile

Country: _____ Language: _____

Currency: _____ Time Zone: _____ Telephone: _____

Company: _____ Contact Person: _____

Mailing Address: _____

Email: _____ Years in Business _____

Fax: _____ Ownership: _____

Do you currently sell any stoves or lanterns? Yes No

Optional: Annual Sales \$ _____

Please check the appropriate :

Distributor, # customers _____ Countries Covered: _____

Do you have agents to sell products to Retailers? Yes No

List 5 Key Customers & # stores:

1. _____ 2. _____

3. _____ 4. _____

5. _____

Retailer, # stores _____ # Employees _____

Location, Home Office: _____

Please list major brands you currently carry: _____

Certificate required to sell in your country: CE Marking CSA AGA JIA

Other (Please Explain)

Additional Comments: