



DAIGGER® INTERNATIONAL

Agent Qualification/ Information Form

Name: _____ Fax Number: _____
 Company/Organization: _____ Phone Number: _____
 Address: _____ E-Mail: _____
 _____ Website: _____
 City: _____ President/Manager Director: _____
 Country: _____ Postal Code: _____ Daigger Contact: _____

Annual Sales (US \$): _____ No. of Sales Representatives: _____

Does your company produce it's own catalog? _____

Please list the regions where your sales activities are concentrated:

Please list products/manufacturers you are currently importing:

Please list products/manufacturers you are looking to import:

Please list 3 trade references, including contact and phone number:

Bank Address and Phone Number:

Please return completed form to:

A. Daigger & Company, Inc.

Attn: Michael Pastorelle

620 Lakeview Parkway

Vernon Hills, IL 60061 USA

Phone: (847) 816-5060 • Fax: (847) 816-5051

Email: export@daigger.com

QUALIFICATION FORM