

SMOKE ANYWHERE, INC.

SMOKE FIFTY - ONE / DISTRIBUTORSHIP APPLICATION

I. Company Background Information

A. Name of Company _____

Other Names Used _____

B. Address _____

Street

City

State

Zip

C. Telephone () _____ Facsimile () _____

D.

E. Primary Contact _____

F. State (Country) of Incorporation or Organization _____

G. Type of Entity: Corporation Partnership
 Limited Liability Co. Other

II. Ownership/Management Information

A. Principal Owners (complete name)

1. _____

2. _____

3. _____

SMOKE ANYWHERE, INC.

B. Principal Management:

1. President _____
2. Vice President (s) _____

3. Licensing Director _____
4. Sales Director _____
5. Marketing/ Advertising Director _____
6. Chief Financial Officer _____

C. Years in Business _____

D. Does your company carry product liability insurance? List carrier and amount of coverage.

Carrier _____ Individual Limit \$ _____

Type of Coverage _____ Aggregate Limit \$ _____

Expiration _____ Deductible \$ _____

III. Financial Information

A. Bank Reference:

Name _____

Branch _____

Address _____

Bank Contact _____

Telephone () _____

SMOKE ANYWHERE, INC.

Credit References (name, address and telephone number):

1. _____

2. _____

3. _____

- B. D & B Number (if applicable) _____
- C. Most Current D & B Rating (if applicable) _____
- D. Please include a copy of your most recent D & B Report (if applicable)
- E. As an individual, as an officer of a corporation or as a partner in a partnership, have you ever filed for bankruptcy voluntarily or been proceeded against involuntarily as bankrupt. If yes, give details – date, court cast number, etc.

IV. Product Information

- A. Please list the territory(s) for which you are seeking distribution rights:

- B. Please list the License(s) you are seeking:

- C. Description of Product(s) for which you seek a distributorship/license:

SMOKE ANYWHERE, INC.

D. List other products your company sells that are not included in this Distributorship Application. _____

E. Specify which licenses your business currently holds, if any:

F. For what types of products?

V. Marketing Information

A. Describe any advertising and promotional materials or programs you plan to use to market the above product(s)

B. Describe anticipated timing for the marketing for each proposed licensed product.

C. Does your firm use an advertising agency?

1. Name _____

2. Address _____

3. Key Contact _____

4. Telephone () _____

SMOKE ANYWHERE, INC.

D. What amount of advertising, promotion and merchandising funds do you plan to spend in support of this new licensed/ distributed product for the first year should you receive the license?

\$ _____ And what type?

Consumer Advertising Trade Advertising Other (please explain: _____)

Sales Trade Incentives

E. Does your company have product design and artwork capability?

YES NO

F. If yes, who does the design?

Company Art Department Freelance Agency

VI. Sales and Distribution Information

A. Company sales volume for most recent year _____

B. Company sales volume for previous year _____

C. Distribution capability:

International (No. of Countries ____) list:

National Regional (No. of States _____)

D. Sales Force:

1. Own Sales Force No. of Salespersons _____

2. Reps. Jobbers, etc. No. of _____

3. Agents No. of _____

5. Total number of Field Sales Force _____

SMOKE ANYWHERE, INC.

E. Current Distribution:

<u>Type of Account</u>	<u>Percent of Sales Volume</u>	<u>Leading Accounts Sold</u>
1. National Chains	_____	_____
2. Regional Chains	_____	_____
3. Department Stores	_____	_____
4. Buying Offices	_____	_____
5. Discount Stores	_____	_____
6. Drug Stores	_____	_____
7. Food Stores	_____	_____
8. Convenience Stores	_____	_____
9. Catalog Stores	_____	_____
10. Toy Stores	_____	_____
11. Other (Specify)	_____	_____

G. Requested term of Distributorship/License: _____

H. Proposed Advance amount: _____

I. Accounts to whom you plan to sell the licensed products:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

J. If you currently manufacture a similar type of item, what was its wholesale dollar volume for most recent year? \$ _____

K. Please list three trade references we can contact who would be able to provide us with an opinion on your company's product line and performance:

Company Name	Contact	Telephone number
1. _____	_____	_____
2. _____	_____	_____

SMOKE ANYWHERE, INC.

3. _____

L. List trade shows where you exhibit your product:

M. Warehousing Information (Please describe your current warehousing facility)

VII. *Statement of Interest* (Please indicate why your company should be selected distributorship rights for the product and territories under this application)

VIII. *Prospective Distributor Statement*

I hereby attest that the information included herein is true and complete. I understand that this application does not constitute an offer from Smoke Anywhere, Inc. or imply any obligation on the part of Smoke Anywhere, Inc. to grant a distributorship.

Signature _____

Print Name: _____

Title: _____

Date: _____