

**Commission Paid Agent**

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| **If you would like to discuss the opportunity to act as a commission paid agent for Lancaster Fastener, please complete this brief form and return it to Mr Sam Wilson - Managing Director (****samw@lancasterfastener.co.uk****).** |

**Your details**

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| **Name:** | Click here to enter text. | **Company Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Tel. Number:** | Click here to enter text. |
| **Fax. Number:** | Click here to enter text. |

**About you**

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| 1. **Please give details of your experience in the Fastener Industry?**
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Click here to enter text.

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| 1. **Do you currently visit Fastener Distributors as an agent? Please give details.**
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Click here to enter text.

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| 1. **What products and/or manufacturers do you represent?**
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Click here to enter text.

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| 1. **How many principals within the Fastener Industry do you act on behalf of?**
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Click here to enter text.

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| 1. **How many distributors (on average) do you visit each week?**
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Click here to enter text.

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| 1. **How many staff are employed in your agency?**
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Click here to enter text.

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| 1. **Do you submit reports following each visit?**
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Click here to enter text.

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| 1. **Do you prepare visit itineraries and submit them to your principals?**
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Click here to enter text.

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| 1. **Are you paid a retainer by any of your principals? If yes, please state how many.**
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Click here to enter text.

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| 1. **Please list the geographical areas that you regularly visit (countries, states, etc.)**

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Click here to enter text.

**Thank you for completing this form.

On receipt, we will review the information you have provided and get back to you within due course.

Please return the form to Mr Sam Wilson – Managing Director (****samw@lancasterfastener.co.uk****)**