



P.O Box 507c
 Wildey, St. Michael, BB1 1000,
 Barbados, West Indies.
 PBX: (246) 429-2113
 Fax: (246) 431-8870

Business Partner Application Form

CONTACT INFORMATION

Company Name: _____
 Contact Name: _____ Job Title: _____
 Email: _____ Website: _____
 Telephone: _____ Fax: _____
 Mobile: _____

NATURE OF BUSINESS

Legal Status: _____ Yrs in Operation: _____

Type of Business *(Please briefly describe the nature of business):*

PRESENT PRODUCT PORTFOLIO

(List the product you represent and its source country):

Product:	Source:	Product:	Source:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRADE REFERENCES

Please provide contact information for two (2) references:

Company:	Company:
Contact Name:	Contact Name:
Contact No.:	Contact No.:
Email:	Email:
Business Relation:	Business Relation:

NATURE OF INTEREST

Please indicate which of BCI's product lines you are currently interested in:

Brewed Products
 Soft Drinks
 Juices
 Milk products
 Wines & Spirits
 Clayton's
 Water
 Energy Drinks

COMPANY SALES INFORMATION

No. of Employees	¹ Annual Sales Bracket (USD)
Size of Warehouse:	No. of Salespersons
Freezer Space:	Size of Distribution Fleet

CHANNEL OF DISTRIBUTION

Please describe your current channel of distribution:

¹ An approximate bracket is acceptable, we do not require the actual figure but range that the value falls within.