



Fox Products Reeds & Accessories Dealer/Distributor Application

Company Information

Company Name _____

Phone Number _____ Website _____

Address _____

City _____ State/Province _____

Postal/Zip Code _____ Country _____

Contact Person _____ Job Title _____

Email _____ Phone Number _____

Company Details

Type of Business:

- Dealer/Store Repair Shop Other: _____
 Distributor Teacher/Tutor

Please list brands/accessories your company currently carries.

Does your company have an online store? Yes No

If yes, what portion of your accessory sales occurs online? _____

What prompted you to contact Fox Products?

- Played a Fox instrument Fox Website/Social Media Conference _____
 Referral _____ Customer Inquiry Other: _____

In your own words, please tell us why you think you should be approved as a Fox dealer/distributor.



Please provide an overview of your company, including a brief history.

Empty box for company overview and history.

If Approved:

What type(s) of products are you interested in carrying? Check all that apply.

- Accessories Repair Parts

Who do you anticipate being your main customers? Check all that apply.

- Students Individual Musicians Other: _____
- Schools Orchestras/Symphonies

What is your anticipated annual purchasing power?

- Under \$1,000 \$1,750 - \$2,499 \$3,250 - \$3,999
- \$1,000 - \$1,749 \$2,500 - \$3,249 \$4,000+

Do you plan on stocking any of our accessories? Yes No

Is there anyone on your staff with an expertise in double reed instruments? Yes No

Is there anyone on your staff with repair capabilities? Yes No

Business References

Name _____ Company _____

Position _____ Email _____

Phone _____ Relationship to this person _____

Name _____ Company _____

Position _____ Email _____

Phone _____ Relationship to this person _____

Name _____ Company _____

Position _____ Email _____

Phone _____ Relationship to this person _____