

# Indaba Distributing Partner Application



To begin your application process for a partnership with indaba Global Coaching, LLC. please fill out the required information below. This information will be used to assess your current status and qualifications for a partnership with Indaba Global.

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Company (Optional): \_\_\_\_\_

Company Address (Optional): \_\_\_\_\_

Industry: \_\_\_\_\_

Years of experience in the industry: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

What other products/companies are you licensed to distribute?

\_\_\_\_\_

Product name and # of units you sold in the last 12 months:

\_\_\_\_\_

In what way do you plan to use our products? (ex- hiring tools, employee development, coaching, certification, small business resources)

\_\_\_\_\_

Tell us why you feel you would be a good distribution partner for Indaba Global Coaching, LLC.

\_\_\_\_\_