



NovoLabsTM
Supercritical UV Disinfection

*NovoLabsTM Distributor
Application Form*

Thank you for your interest in becoming a NovoLabs distributor. Please complete the form below to apply. We will review your application and get back to you as soon as possible.

Contact Information:

1. **Company Name:**

2. **Contact Person:**

3. **Position at Company:**

4. **Phone Number:**

5. **Email Address:**

6. **Company Website:**

7. **Company LinkedIn:**

Company Information:

8. **Address:**

- Street: _____
- City: _____
- State/Province: _____
- Postal Code: _____
- Country: _____

9. **Year Established:**

10. Number of Employees (Full Time Equivalent):

11. Annual Sales Volume/Revenue:

Business Details:

12. Type of Business (tick all that apply):

- UV supplier
- Other disinfection equipment supplier (Specify): _____
- Water equipment supplier
- Food and beverage equipment supplier
- Design/build
- Consultant
- Other equipment supplier (Specify): _____
- Other (Please specify): _____

13. Current Brands/Products Distributed:

14. Applications/Areas Interested In:

15. Geographic Areas of Distribution:

NovoLabs Supercritical UV:

16. Why do you want to distribute *NovoLabs Supercritical UV*?

17. How do you plan to market *NovoLabs Supercritical UV*?

18. What marketing materials will you require from *NovoLabs*?

- Electronic marketing collateral (e.g., brochure, case studies)
 - Expo display unit/s (non-functional): Number required: _____
 - Trial unit/s (fully functional): Number required: _____
 - Other marketing materials (Specify): _____
-

References:

19. Please provide at least two business references:

- Reference 1:
 - Name: _____
 - Company: _____
 - Phone Number: _____
 - Email: _____
- Reference 2:
 - Name: _____
 - Company: _____
 - Phone Number: _____
 - Email: _____

Agreement:

By signing below, you agree that you are authorised to enter into a distributor agreement with *NovoLabs* and the information supplied is true and accurate.

Signature: _____

Name: _____

Date: _____

Please submit the completed form to: distributors@novolabs.co.nz