

TIMEXGROUP

Canada Inc.

RETAILER APPLICATION FORM

****Please attach pictures of store location, interior and exterior as well as merchandising of Timex if possible**

Please print, fill out legibly and return this completed form by e-mail to: B2BserviceCA@timex.com

Date: ____/____/____ Year Established: _____ Name of Sales Rep.: _____
Owner's Name: _____ Buyer's Name: _____
Company Name: _____ Buyer's E-mail: _____
Bill-To Address: _____

Province: _____ Postal Code: _____
Website URL: _____

Purchasing from TIMEX (check one): Directly, or Thru a Distributor

Type of Store (check one): Independent, or Chain with ____ doors

Trade Classification (check one): Jewellery Sports Drug
 Watch Specialist Outdoor E-Commerce
 Accessories Hardware Other _____

How many locations in your vicinity carry TIMEX products? _____

What is your projected annual TIMEX volume in Units? _____ in dollars? _____

Who are your closest competitors (Name or Type): _____ and _____

MERCHANDISING (check all that apply):

Floor type Showcase
 On-counter type Window
 Self-serve type Both

VISUALS:

Gel: Yes No
In-case Materials: Yes No

COMPETITIVE BRANDS IN STORE: (in order of importance to store)

MIX REQUIREMENTS OF TIMEX PRODUCTS: (as a % of TIMEX Total)

Classics:	<input type="text"/> %	Sports:	<input type="text"/> %
Originals:	<input type="text"/> %	Ironman:	<input type="text"/> %
Style:	<input type="text"/> %	Kids:	<input type="text"/> %
Expedition:	<input type="text"/> %		

REPLACEMENT STRAPS?

Yes No

CLOCKS?

Yes No

OTHER COMMENTS: _____

*** FOR OFFICE USE ONLY ***

Regional Manager: _____

Date: ____/____/____

VP Sales: _____

Date: ____/____/____

VP Marketing: _____

Date: ____/____/____