



# SOUTHERN PRIDE DISTRIBUTING, LLC

P.O. BOX 354, 401 S MILL STREET  
ALAMO, TENNESSEE 38001  
PHONE: (731) 696-3175 FAX: (731) 696-3180



## DOMESTIC DISTRIBUTOR APPLICATION

### MINIMUM REQUIREMENTS

- Physical commercial business location.
- Current model demonstration inventory of one (1) gas and one (1) electric Southern Pride smoker.
- Website displaying the Southern Pride product line.
- Minimum of \$1,000,000 in general liability insurance coverage.
- Sales requirements will be established for assigned territory. Minimum sales requirement is \$400,000 annually.
- Preference will be given to companies with a test kitchen/demonstration area.

### BUSINESS INFORMATION

Name of Business (d/b/a):		Federal ID #	
Corporate Name (if diff. from above)			D & B #
Entity Type:	Corporation	Partnership	LLP
	LLC	Sole/Individual Owner	Other
Years in Business:	Type of Business:		
Street Address:	City:	State:	Zip:
Billing Address:	City:	State:	Zip:
Business Phone #:	Fax #:	Website:	

### NAME AND ADDRESS OF OFFICERS, OWNERS, OR OTHER RESPONSIBLE PARTIES

(1) Name:	Title:
(2) Name:	Title:
(3) Name:	Title:
(4) Name:	Title:

### SALES AND MARKETING INFORMATION

Do you have a:	Showroom	Test Kitchen	Service Department	Number of Service Technicians
How many sales people do you employ:				
List other brands sold:				
Describe desired market territory:				
Are you registered to collect sales tax in the above territory: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Briefly describe your planned advertising and marketing strategy for Southern Pride products:				


Any additional comments:

**Accepted applicants will be required to complete a Southern Pride Credit Application and Distributor Agreement (contract).**

Please sign and return this to Southern Pride Distributing, LLC. Thank you for choosing Southern Pride Distributing, LLC and we look forward to serving you.

Signature of duly authorized Officer, Owner, Agent or Employee	Title

Name (printed)	Company Name	Date
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*Return completed distributor application to Bret Robertson at bretr@sopride.com.*

Internal Use Only:	Date Received:
Approved By:	Date: