



Dear Applicant:

Thank you for showing interest in becoming a distributor for Valor Brakes products. To serve you better, we invite you to fill in the questionnaire below.

Kind regards,

Sales Team
Valor Brakes

Contact Name

Contact Number

Contact Email

COMPANY

Company Name:

Country:

Address:

Company Email:

Company Website:

Company Owner Name:

Type of Company: Retail Wholesale Both

License of Interest: Dealer License Exclusive License

License for (Market):

Product(s) of Interest:

Select Multiple*

Brake Pads Brake Shoes Brake Linings Disc Rotor

Type of Vehicle(s):

Select Multiple*

- Passenger Cars SUVs Trucks Racing cars

Car Makes:

Select Multiple*

- European cars Japanese cars Korean cars American Cars

Other

Company Main Market(s)

Current Annual Sales of the Product of Interest:

- Less than \$50,000
 \$50,000 - \$100,000
 \$100,000 - \$200,000
 More than \$200,000

Anticipated Annual Sales of Valor Products:

- Less than \$50,000
 \$50,000 - \$100,000
 \$100,000 - \$200,000
 More than \$200,000

Other Details