**Imperial Distributors Ecommerce Application**

# I Instructions & Terms

1. **Complete Application:** Answers to each question are required in order for your application to be considered complete.
2. **Export Agreement:** An original signature is required before emailing it back to us.
3. **Current Reseller Agreement:** Attach to your application packet. If you are incorporated in a state that does not issue reseller certificates, we will need a copy of the tax exempt letter from the state
4. **Company Logo:** please attach a jpeg image of your company logo with your application documents.
5. **Two-step Activation:**
6. **Step 1:** Once your complete application packet is received, it will be reviewed. Imperial reserves the right to not accept some applicants. If we accept your application, we will send you an updated price list and an order template for you to complete your first order.
7. **Step 2:** Accounts are not activated until we receive your first order which meets a minimum of $1500 for FBA orders and $2000 for freight orders.
8. **Pre-paid Orders:** All orders must be pre-paid – if you are planning to use a credit card for payment, a completed credit card authorization form with an original signature is required. If you are using a wire payment method, after activation is completed, we require a test (penny test) of a small amount to determine if the wire transmission is working.

**Checklist before submitting:**

□ Complete application form?

□ Export Agreement with an original signature attached?

□ Reseller certificate attached?

□ Credit card authorization form with an original signature attached?

# II Business and Contact Information

1. **Legal Business Name:** Click here to enter text.
2. **Domain Name:** Click here to enter text.
3. **Number of Years in Business:** Click here to enter text.
4. **Years of Experience with Online Selling:** Click here to enter text.
5. **Number of Employees:** Click here to enter text.
6. **Physical Address: Street Address:** Click here to enter text. **City/State/Zip:** Click here to enter text.
7. **Owner Contact Name:** Click here to enter text.
8. **Owner Contact Email:** Click here to enter text.
9. **Phone Number:** Click here to enter text.
10. **Purchasing Contact Name:** Click here to enter text.
11. **Purchasing Contact Email:** Click here to enter text.
12. **Phone Number:** Click here to enter text.

# III Payment Information

1. **Pre-payment Method (CHOOSE ONE):** [ ] Credit Card [ ]  ACH/Wire
2. If you are paying by credit card, attach a completed (original signature) Credit Card Authorization Form
3. If you are paying by ACH or wire transfer, read the ACH/Wire Instructions.

# IV Store/Shipping Information

1. **Amazon Store Name: Click here to enter text.**
2. **Amazon Sales Ranking (**<https://www.sellerratings.com/>**):** Click here to enter text.
3. **Store #1 Name:** Click here to enter text.
4. **Store #1 URL:** Click here to enter text.
5. **Store #2 Name:** Click here to enter text.
6. **Store #2 URL:** Click here to enter text.
7. **Store #3 Name:** Click here to enter text.
8. **Store #3 URL:** Click here to enter text.
9. **Customer Type (check all that apply):**

**If you select FBA shipments, note that we only can accommodate Small Parcel Delivery (SPD), 1 SKU per box, and web form shipping at this time.**

[ ]  **FBA**

[ ]  **FBA/3PL (Prep facility)**

[ ]  **Non-FBA/My own warehouse**

[ ]  **DTC/Drop Ship**

1. **On which online platforms do you sell? Check all that apply.**

[ ]  Amazon [ ]  eBay [ ]  Walmart

 [ ]  Other Click here to enter text. [ ]  My store (name, URL): Click here to enter text.

1. **For Amazon accounts, percentage of your business that is Amazon or non-Amazon:**

**Amazon: \_\_\_\_%**

**Non-Amazon: \_\_\_\_%**

1. **What is your main category classification?**

Check all that apply:

[ ] Health and Beauty [ ] General Merchandise [ ] Other Click here to enter text.

* 1. What is your Buy Box percentage on average: Click here to enter text.
	2. What is your Seller Feedback percentage: Click here to enter text.
1. **How many products do you sell online:** Click here to enter text.
2. **Years of experience working with distributors, suppliers, wholesalers:** Click here to enter text.

**Prior to completing #16 and #17, please keep in mind that there is an implied agreement with Imperial that you will submit the order size and frequency that you submit. You will have an opportunity to revise after your first order:**

**16. Estimate your average order size. Check one:**

[ ]  $1,500 – $3,000 [ ]  $3,000 – $5,000 [ ]  $5,000 – $10,000

[ ]  $10,000 – $20,000 [ ]  $20,000+

1. **Estimate order frequency. Check one.**

[ ]  Daily [ ]  Weekly [ ]  Every other week [ ]  Monthly

# V Shipping Details – **Note: We only arrange shipments to MA/NH/RI/CT, metro NY, NJ. For any locations outside of this area, you will be responsible for arranging a freight pickup.**

1. **Shipping locations: select all that apply:**

[ ]  **Amazon Warehouse (FBA)**

* Send an Amazon Seller Central invitation to amzship@imperialdistributors.com; set Imperial as a Supplier
* [ ]  **Amazon Prep Facility:**

Facility Name:Click here to enter text.

Street Address:Click here to enter text.

City/State/Zip:Click here to enter text.

* [ ]  Lift gate will be required
* [ ]  Appointment will be required Click here to enter text.
* Hours of operation: Click here to enter text.
* Warehouse Contact Name: Click here to enter text.
* Warehouse contact email address: Click here to enter text.
* Warehouse Contact Phone Number:Click here to enter text.

[ ]  **My own warehouse/office:**

Street Address:Click here to enter text.

City/State/Zip:Click here to enter text.

* [ ]  Lift gate will be required
* [ ]  Appointment will be required Click here to enter text.
* Hours of operation: Click here to enter text.
* Warehouse Contact Name: Click here to enter text.
* Warehouse contact email address: Click here to enter text.
* Warehouse Contact Phone Number:Click here to enter text.

[ ]  **My home address:**

Street Address:Click here to enter text.

City/State/Zip:Click here to enter text.

* [ ]  Lift gate will be required
* [ ]  Appointment will be required Click here to enter text.
* Hours of operation: Click here to enter text.
* Delivery Contact Name: Click here to enter text.
* Delivery Contact Phone Number:Click here to enter text.

 [ ]  **Other: Provide name of warehouse:** Click here to enter text.

Street Address:Click here to enter text.

City/State/Zip:Click here to enter text.

* [ ]  Lift gate will be required
* [ ]  Appointment will be required
* Hours of operation: Click here to enter text.
* Delivery Contact Name: Click here to enter text.
* Delivery Contact Phone Number:Click here to enter text.

**Checklist before submitting:**

□ Complete application form?

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Thank you for submitting your application to Imperial. We will respond to your application based upon your order size and application date.