



New Export Distributor Application Form

Thank you for your interest in distributing Gawith tobaccos. Please complete the information below and return this to enquiries@gawithhoggarth.ltd. Thank you.

Company Name	
Registered Company Address	
Company Tax ID Number	
Name of Distributor Representative	
Position Held	
Email & Telephone	
Countries you wish to distribute to	
Do you have a distribution network within these territories?	
Do you have a sales team within these territories?	
Do you have your own shop(s) for retail of tobacco? If yes how many?	
Do you do online sales? Are online sales allowed in these territories? Please let us know your website.	
Are you interested in pipe tobacco, hand rolling tobacco or both?	
Are you interested to distribute snuff?	

DO YOU HAVE A CLEARING AGENT THAT CAN HANDLE TOBACCO PRODUCTS?	
YES	NO
Please provide details:	IF YOU DO NOT HAVE A CLEARING AGENT CAPABLE OF HANDLING AND PROVIDING CLEARANCE FOR TOBACCO THEN WE ARE UNABLE TO ACCEPT YOU AS A DISTRIBUTION PARTNER.