

EXCLUSIVE DISTRIBUTOR PROGRAM APPLICATION OF UFREE-HORSE

Please complete the following information with the most accurate numbers for our review:

Company Information

Full Legal Company Name: _____

Business Address: _____

City: _____ State (Province): _____

Zip: _____ Country: _____

Main Phone Number: _____

Web Site URL: _____

Number of store/office locations: _____

Primary Dealer Contact name:

First: _____ Last: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

Secondary Contact Name:

First: _____ Last: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

Purchasing Contact Name:

First: _____ Last: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

Marketing Contact:

First: _____ Last: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

You want to get exclusive distribution authorization in which territory: _____.

A. Your local City B. Your State (Province) C. Your Country D. Other

Company Profile

Year your company was established: _____

Total number of employees

- Technical Staff _____

- Inside Sales Staff _____

- Outside Sales Staff _____

- Marketing Staff _____

- Business Development Staff _____

- Other Staff _____

Revenue Profile

Company's gross annual revenue (in US dollars):

2005 \$ _____

2006 \$ _____

2007 \$ _____

Anticipated 2008 \$ _____

Anticipated 2009 \$ _____

List approximate order value from UFREE (in US dollars):

2005 \$ _____

2006 \$ _____

2007 \$ _____

Anticipated 2008 \$ _____

Anticipated 2009 \$ _____

Do you maintain On-Hand Inventory? Yes ___ No ___

Distributors Information

Please indicate which manufacturers/distributors and products you currently have relationships with.

- 1.
- 2.
- 3.
- 4.
- 5.

Target Customer

Please indicate what percentage of your revenue sales is derived to:

Retail Store ___%

Other Dealer ___%

Other Specify: ___%

Total Percentage: (Should total 100%)

Customer Support

Does your organization provide technical support? Yes ___ No ___

Do you have a dedicated customer service phone number? Yes ___ No ___

If yes, specify phone number _____:

Do you have a dedicated customer service email address? Yes ___ No ___

If yes, specify email address: _____

What are your hours of support? M-F: _____

Advertising

Please tell us how your company advertises (Mark all that applies):

___ Internet (Banner Advertising)

- Local Newspaper
- National Newspaper
- Radio
- Television
- Magazine
- Tradeshows
- Other Specify:
- Do not advertise

Internet Business

Does your business resell products over the Internet? Yes _____ No _____

Does your company conduct Internet auctions? Yes _____ No _____

Is your website secure? Yes _____ No _____

How many servers support your Internet business? _____

How many hits does your Internet site receive in one day? _____

What is your average Internet order (in US dollars)? \$ _____

Additional Information about your organization

For UFREE Channel Sales to gain a better understanding of your business we strongly encourage you to provide us with additional pertinent information about your organization.

Please indicate other manufacturer authorizations/certifications your organization has:

UFREE will review all applications to determine membership in the Authorized Exclusive Distributor Program. UFREE will inform you via e-mail of the acceptance or denial decision within two weeks of submission of this application. If accepted, we will provide you a copy of the Program Policies document that contains the rules governing participation in the Program. Acceptance into the Program will be based on a variety of factors, including but not limited to current distribution needs, the Applicant's territory, infrastructure, target customers, customer service offerings, customer retention programs, and other Applicant programs and characteristics.

UFREE reserves the right to make changes to, make exceptions to, terminate the Program, or any of the Program benefits, policies and procedures, at any time at its sole discretion. UFREE will make every reasonable effort to inform you of any changes to the Program at least 15 days in advance. A member may terminate its membership in the Program at any time by notifying UFREE in writing.

By submission of this Application, I certify that all statements contained in this Application are accurate and complete to the best of my knowledge. Should any information be reported incorrectly, I understand that it may result in immediate termination of Authorization for my organization.

Application Completed By:

First Name: _____ Last: _____

Direct Phone Number: _____

Email Address: _____

Please complete the application and submit it via mail/email or fax:

FAX: 86-512-68093608

Email address: wholesale@ufree-horse.com

Mail address:

UFREE GROUP (CHINA) COMPANY LIMITED
78 YUSHAN ROAD, NEW AND HIGH-TECH ZONE
SUZHOU, JIANGSU 215011
CHINA

UFREE Price Policy:

It is the unilateral policy of UFREE on all its products.

Each Authorized Exclusive Distributor shall be free to unilaterally establish its own resale price and terms with respect to any UFREE product. UFREE and its employees shall have no authority to instruct any Dealer as to what its resale price must be, nor interfere with the Dealer's independent establishment of resale prices.
