

Distributor Application

Company Information-

Name of Company:

DBA:

Business Type: Corporation___, Partnership___, Sole Prop.___, LLC___

Federal Tax ID:

Business Start Date:

Corporate Address:

Telephone #:

Fax #:

Web Address:

E-mail:

Billing Address:

Shipping Address:

Contact Information-

Purchasing Contact Name

Telephone

Fax

Email

Business Profile-

What type of industry would you supply?

What is your selling radius/area?

Do you have a store front?

Do you sell online?

Do you currently sell dry erase products? If so, which products?

How large is your customer base?

Officer Information-

Name

Title

Phone

Email