

DISTRIBUTOR APPLICATION

Company Name: _____

Billing Address: _____

City, State, Postal Code, Country _____

Shipping Address: _____

City, State, Postal Code, Country _____

Telephone No. _____ Facsimile No. _____

Website _____ E-mail Address _____

Please list your primary product lines, list additional lines on the back of form or provide a product linecard:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How did you hear about our company? _____

List number of salesmen: _____ Outside Sales Force _____ Inside Sales force

President's Name: _____

Sales Manager Contact: _____

Accounts Payable Contact: _____

Request for literature:

Catalogs # _____ Flyers # _____ DVD # _____

Are you interested in a quote on sales kits? Yes / No

KAISER TOOL COMPANY, INC.