

FOREIGN DISTRIBUTOR APPLICATION

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY, COUNTRY, POSTAL CODE: _____

SHIPPING ADDRESS: _____

CITY, POSTAL CODE, COUNTRY: _____

TELEPHONE NO. _____ FACSIMILE NO. _____

WEBSITE _____ E-MAIL ADDRESS _____

Coverage Area: _____

Industries Served: _____

Cutting Tool Sales: _____ Total Sales: _____

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

Please list your primary product lines or provide a product line card:
