



PRODUCTS FOR INDUSTRY DEALER APPLICATION FORM

Are you a reseller of industrial products? YES NO

What is your resale tax number? _____

NOTE: A resale tax exemption certificate must be attached.

COMPANY NAME: _____ **DBA:** _____ **SIC Code:** _____

Street Address/P.O. Box: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

How long has the company been in business? _____

Type of organization: Corporation Partnership Sole Proprietor

Are you a division of another company? _____ Name: _____

Owners of company: _____ Sales Manager's Name: _____

Controller or A/P Contact: _____

What type of business are you in? _____

How many salespeople do you employ? _____ Inside: _____ Outside: _____

What industries do you sell to? (eg. industrial, health care, pharmaceutical, etc.) _____

What are the major lines you represent? _____

What products do you stock? _____

CREDIT REFERENCES:

Dun & Bradstreet Number: _____

Bank Name: _____ Account #: _____

Bank Phone Number: _____ Contact: _____

Would you be able to provide a financial statement if needed? YES NO

Four credit references where you have an open account. Include direct phone numbers and account numbers.

1: _____

2: _____

3: _____

4: _____

Authorized signature

Please fax this application to **414-302-7804** or mail to
Products For Industry, 11200 W. Parkland Ave. Suite 100, Milwaukee, WI 53224.

Thank you!