



"Your Trusted Leader In Insect Control"
For over 30 years

APPLICATION FOR DISTRIBUTORSHIP

TELL US ABOUT YOU

Your Name _____ Date _____
Company Name _____ Phone _____
Company Address _____
City _____ State _____ Zip _____

TELL US ABOUT YOUR COMPANY

Please describe your main business activities: _____

Years in business _____ Number of employees _____
Yearly revenues (\$) _____ Annual advertising budget (\$) _____

What is your yearly estimated growth for the next 3 years:

- 1. \$ _____
- 2. \$ _____
- 3. \$ _____

Please provide 3 business references (customers):

- 1. _____ Phone: _____
- 2. _____ Phone: _____
- 3. _____ Phone: _____

Please provide 3 credit references (banks, suppliers, credit unions):

- 4. _____ Phone: _____
- 5. _____ Phone: _____
- 6. _____ Phone: _____

What type of dealership you are applying for?

Retail Store Barn Installer Residential Installer Other

If other, please specify _____

What territories are you requesting?

