



DISTRIBUTOR RECOMMENDATION

CONTACT INFORMATION

Name _____

Date: _____

Address _____

Phone: _____

City, State, Zip: _____

Fax: _____

Website: _____

Email: _____

Contact: _____

BUSINESS INDUSTRY

- | | | |
|---|--|-------------------------------------|
| <input type="radio"/> Food Service Dealer | <input type="radio"/> Furniture Dealer | <input type="radio"/> Architect |
| <input type="radio"/> Internet Sales | <input type="radio"/> Food Service Catalog | <input type="radio"/> Chain Account |
| <input type="radio"/> Residential | <input type="radio"/> Other _____ | |

ADDITIONAL QUESTIONS

What items will we have the opportunity to supply: _____

Do you have a showroom? Yes No

Showroom size: _____

Items To Be Featured: _____

Anticipated yearly sales: _____

CREDIT REFERENCE / BUSINESS REFERENCES

Name _____

Name _____

Address _____

Address _____

Phone _____ FAX _____

Phone _____ FAX _____

Name _____

Name _____

Address _____

Address _____

Phone _____ FAX _____

Phone _____ FAX _____

BANK INFORMATION

Name _____

Address _____

Phone _____ FAX _____

NOTE: These references must be verifiable and can only be used as credit references upon separate application for credit. By signing the document below you agree that the information provided is accurate.

SIGNED: _____

DATE: _____

TITLE: _____