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DISTRIBUTOR APPLICATION

FIRM NAME _____

NAME OF PROPRIETOR OR PARTNERS

STREET ADDRESS _____

CITY & STATE _____ ZIP CODE _____

PHONE NUMBER _____ FAX NUMBER _____

KIND OF BUSINESS _____

AT PRESENT LOCATION SINCE _____ YEAR ESTAB. _____

IS BUSINESS INCORPORATED _____ FEDERAL ID# _____

DATE OF INCORPORATION _____ LAWS OF WHAT STATE _____

NAME OF PARENT COMPANY IF
SUBSIDIARY _____

TRADE REFERENCES - OPEN ACCOUNTS ONLY

NAME	ADDRESS	HIGH CREDIT
1.	_____	_____
2.	_____	_____
3.	_____	_____

BANK REFERENCES

NAME	BRANCH	ACCT.#
1.	_____	_____
2.	_____	_____
3.	_____	_____

*I /WE UNDERSTAND THAT PAYMENT TERMS ARE **NET 30 DAYS.** THERE WILL BE A 2% CHARGE PER MONTH FOR ALL PAST DUE INVOICES.*

NAME & TITLE

SIGNATURE