



Distributor Application Form

Company Business Information:

Name of Company: _____ Contact: _____
Person Authorized to Sign Contract: _____ Title: _____
Ship to Address: _____ Bill to Address: _____
City: _____ State: _____ Zip: _____

Accounts Payable Information:

Accounts Payable Manager: _____
Phone: _____ Fax: _____
Payment Personally Guaranteed? Yes No By: _____
 Sole Proprietorship Partnership Corporation in State of _____
Tax Exempt? Yes No If Yes, Certification Number _____
Do you prefer to receive invoices via: Mail Fax or Email: _____

Banking Information

Bank Name: _____ Account Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____ Fax: _____

Commercial/Customer Reference

Company Name: _____	Phone Number: _____
Address: _____	Fax Number: _____
Account Number: _____	Contact: _____
Company Name: _____	Phone Number: _____
Address: _____	Fax Number: _____
Account Number: _____	Contact: _____
Company Name: _____	Phone Number: _____
Address: _____	Fax Number: _____
Account Number: _____	Contact: _____

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above to make any and all inquiries necessary for action on this Distributor Application. We hereby indemnify the above company and its agents from any liability from their credit survey.

Payment Terms: Net 30 Days, 1½ % per month interest charged on account balances over 30 days

Authorized Signature: _____ Title: _____ Date: _____



Company Sales Information

Primary Contact: _____
Telephone: _____ Fax Line: _____
E-Mail Address: _____ Web Site: _____

Sales People:

Inside Sales Force: _____ Total Number (# Part-time___ / # Full-time___)

Outside Sales Force: _____ Total Number (# Part-time___ / # Full-time___)

Company Territory

Describe Current Territory/Area served: _____

Describe Current Markets served: (industrial, municipal, environmental, etc.)

Competitive Strengths: (what do you do better than your competitors?)

Company Products Carried:

____ Loose Equipment ____ Trucks ____ Other, please specify _____

Do you have a product catalog? _____, if yes, please provide a copy to HCT.

Reason(s) for requesting HCT Distributorship

