



DISTRIBUTOR APPLICATION

Legal Company Name _____ Doing Business As (DBA) _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone Number _____ Website _____

At Present Location Since (date) _____ Year Established _____
MM/YY

Ownership: Corp. Partnership Individual Reseller # _____ State Issued _____

Name(s) Principal Owner(s) _____

Contact Name For: Accounts Payable _____ Sales _____ Purchasing _____

Annual Revenue (USD) \$ _____ DUNS# _____

Please indicate all industries you currently distribute to:

- Education Healthcare Laundry (OPL) Logistics Retail (B-to-C)
- Government Hospitality Laundry (Vended) Manufacturing Uniform Services

Other _____

Other brands your company is currently authorized to distribute:

Does your company produce a catalog (digital or printed)?

Yes No

Does your company regularly attend trade shows?

Yes No If yes, please list them

In general, how does your company fulfill orders?

- All dropship - we don't keep stock
- All orders ship from stock - we never dropship
- Depends on the product and ship-to location

Credit References (Companies now extending credit). Please complete all three sections.

Company Name _____	Contact Name _____
Contact Title _____	Contact Email _____
	Contact Phone _____

Company Name _____	Contact Name _____
Contact Title _____	Contact Email _____
	Contact Phone _____

Company Name _____	Contact Name _____
Contact Title _____	Contact Email _____
	Contact Phone _____

_____ Bank Name Bank Contact Phone Number

By signing, I certify that the above information is true and I agree that the completion of this application does not guarantee approval

_____ Signature Name Title Date (MM/DD/YY)