

Request for Reseller/Distributor Pricing & Status

Company Name _____
Primary Contact _____
Billing Address _____

Telephone _____
E-Mail _____

Shipping Address _____

Fax _____
Website _____

Type of Company Corporation Partnership Sole Proprietor Other
Tax ID # _____ D&B ID # _____
Resale Cert # _____ (Provide a copy)

Trade Reference #1

Company Name _____
Address _____
Telephone _____
Contact Person _____

Trade Reference #2

Company Name _____
Address _____
Telephone _____
Contact Person _____

Trade Reference #3

Company Name _____
Address _____
Telephone _____
Contact Person _____

Bank Reference

Account # _____
Bank Name _____
Address _____
Telephone _____
Contact Person _____

Signature / Date



Please fill out as much as possible.

Vertical Market Segment Serviced (Retail, Wholesale, Government or Association)

- Auto Parts – Retail
- Auto Service Center
- Wholesale Distributor
- Jobber / Service Station
- Fleet Manager (specify _____)
- Custom Conversion
- RV Aftermarket
- RV OEM
- Marine Aftermarket
- Marine OEM
- Police / Law Enforcement
- Emergency Response
- Government Agency
- Antique / Classic Auto Aftermarket
- Association / Club (specify _____)
- Other _____

Geographic Coverage: _____

Comments: _____

Trade Terms to Customer

Number of Inside Sales/Customer Reps. _____

Number of Outside Sale/Support Personnel _____

Annual Sales Current Year _____

Annual Sales Prior Year _____

Current Manufacturer Lines Sold

	Name	Address	Stocking: Yes / No	Product	Contact
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Trade Show Participation

	Name	Date	Location
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Planned Advertising Budget

Current number of Retail Locations _____

Planned for Next year _____

Please attach any: Product Brochures, Marketing Plan, or Line Card/Sheets.

