



REPNET, Inc.

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DISTRIBUTOR APPLICATION

Company Name:		Web Site:	
Mailing Address:			
City:		State:	Zip:
Shipping Address:			
City:		State:	Zip:
Contact Person:	email:	Title:	
Contact Person:	email:	Title:	
Phones: 1)	2)	Fax:	

GENERAL INFORMATION

Geographic territory served:
Industries served:
Types of products you sell:
Top 3 manufacturers you handle:
1)
2)
3)

BRANCH OFFICE INFORMATION

1) Key Contact:	Phone:
Address:	Fax:
email:	Area Served:
2) Key Contact:	Phone:
Address:	Fax:
email:	Area Served:
3) Key Contact:	Phone:
Address:	Fax:
email:	Area Served:

★ If you have more than 3 branches, please attach a list.
 ★ Please attach a list of all sales people, their addresses and territory responsibility. Our clients need this information for their customer service departments.

Distrib-appl