

2902 W. Garry St. Santa Ana, CA 92704 | Phone: (800) 634-0555 | Fax: (714) 549-0625 Email: sales@rbwire.com | www.rbwire.com

APPLICATION FOR DISTRIBUTORSHIP

| Company | | | Date/Time | | |
|---|---|---------------------|---------------------|-------------------|--|
| Billing Address | City | | State | Zip | |
| Shipping Address | City | | State | Zip | |
| Phone Number | Fax NumberE | -mail | | | |
| At Present Location Since (date) | Year Established W | ebsite | | | |
| Ownership: Corp. Partnership | Individual Reseller # | | State Issu | ued | |
| Name(s) Principal Owner(s) | | | | | |
| Person to contact for: Accounts Payable | Sales | | | | |
| Please Indicate Industry in which you distrib | oute: | | | | |
| Laundry/ Dry Cleaning Equipment | Laundry/ Dry Cleaning Supply | Nu | rsing Home | e/ Medical Supply | |
| Janitorial/ Sanitary Supplies | Material Handling Equipment | Ho | Hotel/ Motel Supply | | |
| Hospitals | Surgical Centers | Do | Doctor's Offices | | |
| Other | | | | | |
| T 1 D () | | | | | |
| | s now extending credit). Please complet | | • | | |
| Name | | PN | one | | |
| Contact | | Fa | x | | |
| Name | | Ph | one | | |
| Contact | | Fa | x | | |
| Name | | Ph | one | | |
| Contact | | Fa | x | | |
| Bank Reference | Phone I | Number ₋ | | | |
| I certify the above information i | s true and correct, and that we can and | will comp | ly with you | r terms. | |
| Signed | Title | Da | te | | |