



DISTRIBUTOR DATA FORM

Company Name: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Your tax exemption/resale certificate must be included to set you up as a Dealer/Distributor

Please answer each question to help us process your orders:

1. Which of the following do you accept?

Visa MasterCard Discover American Express

2. Do you have shipping capabilities? Yes No

3. What **type** and **brand** of product do you distribute?

Drywall _____ Paint _____
Brand Brand

Stucco _____ EIFS _____
Brand Brand

CONTACT INFORMATION

Please furnish the names of employees we should contact at your company

Owner: _____ E-mail _____

Manager: _____ E-mail _____

Sales: _____ E-mail _____

Purchasing: _____ E-mail _____

Accounts Payable: _____ E-mail _____