



American Dry Deck Use Only:

Approved by _____ Date _____

APPLICATION FOR DISTRIBUTORSHIP

Company Name: _____ [complete legal name]

State Incorporated or Registered: _____

EIN: _____

Type of Business: _____ No. of Employees: _____

Street Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____ Company Web Address: _____

Location of Warehouse: _____

Contact Person: _____ Title: _____

Owner(s) _____

In business since: _____

Area currently servicing: _____

Annual Gross Revenues: _____

Expected Annual Business with American Dry Deck: _____

Trade Reference: _____ Contact Name: _____ Phone: _____

Trade Reference: _____ Contact Name: _____ Phone: _____

** Please create a list of proposed zip codes of interest as a separate attachment. This area should not exceed a serviceable area of more than a 45 mile radius.

The undersigned (1) certifies that the above information is correct, (2) authorizes American Dry Deck to contact the references for the purpose of validation, (3) authorizes the references to release the requested information to American Dry Deck, and (4) certifies that the undersigned is authorized to make this certification and authorization. Applicant understands that no distributorship is granted until the American Dry Deck Distributorship Agreement has been signed by the parties and accepted by American Dry Deck, and that the terms of any distributorship shall be governed by that agreement.

Signature: _____ Printed Name: _____ Date: _____