

Distributor Data Sheet

Company Name: _____

Shipping Address: _____

Billing Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

Website: _____

Accounts Payable Contact: _____ Email: _____

Purchasing Contact: _____ Email: _____

Branch Location	Manager	Territory Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Territory Served From main Office: _____

Key Accounts Served: _____

Contacts for executive correspondence, new product information, order and quotes, etc.

Name: _____ Title: _____

Name: _____ Title: _____

How many outside sales people do you employ? _____

What types of customers do you serve?

Plastic: ____ Wood: ____ Composite: ____ Metal ____ Optical: ____

Do you have regularly scheduled meetings where manufacturers have an opportunity to schedule a presentation?

Yes: ____ No: ____ If Yes, What day and time are best: _____

Signed Name and Title: _____ Date: _____