

DISTRIBUTOR DATA SHEET

CORPORATE OFFICE
P.O. BOX 488
MINDEN, NV 89423
775-783-3555
800-441-6774
FAX 800-232-7726

FIRM NAME			TRADE STYLE		DATE	
STREET ADDRESS					PHONE	
CITY		STATE	ZIP CODE		FAX #	
NAME (s) of all Owner (s), Partners or Officers of Corporation, List address & zip for individual (use back if necessary)						
PLEASE CHECK ONE	INDIVIDUAL	PARTNERSHIP	CORPORATION	FED. TAX #	DATE & STATE INCORPORATED	
SOCIAL SECURITY # (For Partnerships & Individual)			SPOUSE'S NAMES (Individual Only)			
BUSINESS LICENSE NO.			TAX EXEMPT #			
TYPE OF BUSINESS					DATE STARTED	
ESTIMATED ANNUAL SALES		HAVE YOU EVER DONE BUSINESS WITH AFASSCO? UNDER WHAT NAME?				
FORMER BUSINESS			LOCATION			
HAVE YOU EVER DECLARED BANKRUPTCY? IF YES, YEAR, TYPE, UNDER WHAT NAME?						
AREA COVERED			# OF SALESPEOPLE	MAJOR LINES CARRIED		
FIRST AID LINES			# OF ACCOUNTS OVER 300 PEOPLE		UNDER 300 PEOPLE	
ANTICIPATED DATE OF FIRST ORDER			AMOUNT OF CREDIT DESIRED			
TRADE REFERENCE:						
1. COMPANY NAME				PHONE		FAX
ADDRESS			CITY		STATE	ZIP CODE
2. COMPANY NAME				PHONE		FAX
ADDRESS			CITY		STATE	ZIP CODE
3. COMPANY NAME				PHONE		FAX
ADDRESS			CITY		STATE	ZIP CODE
BANK REFERENCE						
NAME OF BANK			PHONE	FAX	ACCOUNT#	
ADDRESS			CITY		STATE	ZIP CODE
TYPE OF ACCOUNT	CHECKING	SAVINGS	LOAN	BANK CONTACT		
<p>APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS GRANTED, IN ADDITION, APPLICANT AGREES TO PAY ALL INTEREST CHARGES AND ALL REASONABLE COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES, IN CASE OF SUIT FOR NON-PAYMENT OF ANY PAST DUE AMOUNTS.</p> <p>The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.</p>						
			FIRM NAME _____ By: _____ Title: _____ Date _____			