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DISTRIBUTOR APPLICATION FORM

TPS CONTROL:

We look forward to working with you as a Distributor for Laminated Plaques from The PlaqueSmith. Please tell us a bit about your company:

Business Name:	Years in Business:	
Primary Contact(s):		
Ph. Num:	Fax Num:	
E Mail:	Website:	
Address:		
City:	State:	Zip:

Billing Address:

Company			
Address			
City	ST	Zip	
Ph	Email		

Shipping Address:

Company			
Address			
City	ST	Zip	
Ph	Email		

Please describe what markets you serve:

Have you sold Laminated Plaques previously?

Terms Requested: Net 30 Credit Card COD
Please provide two business references:

Company			
Address			
City	ST	Zip	
Ph	Email		

Company			
Address			
City	ST	Zip	
Ph	Email		