

DEALER APPLICATION

Date:	_____
Company Name:	_____
Contact Name:	_____
Address:	_____
City:	_____ State/Province _____ Zip/Postal Code _____
Phone:	_____ Fax: _____
Email	_____
# Years In Business	_____
Type of Business i.e. Embroidery, Screen Printer, Promotional Product distributor	_____
PPAI member #	_____ ASI member # _____
# of employees	_____ # of Sales employees _____
Annual Sales Volume	_____
Your website address:	_____
List 3 wholesale suppliers you are currently buying from:	_____ _____ _____
How did you hear about us?	_____
Comments	_____ _____ _____
