

APPLICATION TO REPRESENT APEX BULK HANDLERS' PRODUCTS

Your Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Check One: Corporation _____ Partnership _____ Proprietorship _____

President or Owner _____

Sales Manager _____

Phone _____ Email _____

Accounting Manager _____

Phone _____ Email _____

Date Business Started _____

Principal Products Sold _____

Tax Exempt _____ No _____ Yes (attach exempt certificate)

Name, Address, Phone & Fax of Your Bank and Three Trade References:

• Bank Info _____

• 3 Trade References

1- _____

2- _____

3- _____
