



**Set-O-Matic Inc. 291 Adams Blvd.
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DISTRIBUTOR APPLICATION

Company Name _____ Phone # () _____

Address _____ Fax # () _____

City _____ State _____ Zip Code _____

e-mail address: _____ website: _____

Contact information:

Principals Name _____ e-mail _____

Sales Manager _____ e-mail _____

Purchasing Manager _____ e-mail _____

Distribution (**circle one or more**) Laundry Carwash Vending Amusement Other _____

Territory Covered _____ Year Established _____

List (3) Three MAJOR MANUFACTURERS that you are currently distributing:

1. Company _____ Product(s) _____

Tel # _____ Contacts Name _____

2. Company _____ Product(s) _____

Tel # _____ Contacts Name _____

3. Company _____ Product(s) _____

Tel # _____ Contacts Name _____

This application is not an agreement or contract and holds no guarantees or covenants. Set-O-Matic reserves the right to appoint or remove distributors at anytime. This information will be updated annually.

Authorized Signature _____ Date: _____

This portion is for Set-O-Matic use only

Approved by: _____ Date: _____