

# New Distributor Application Form

## Business Details

Company Name:

Address:

Primary Contact Name:

Primary Email:

Website (if applicable):

Number of Years in Business:

Business Structure:

- 1) LLC
- 2) Corporation
- 3) Sole Proprietorship

Anticipated Annual Purchases (\$)

Do you export?      YES      NO

If yes what Countries?

Regions or Areas in Canada Covered by Your Distribution Network:

BC      AB      SK      MN      ON      QC      NWT      YK, NU      NS,NB,PEI,NL

Additional Information:

Any additional information you'd like to share that you believe is relevant to your application.

Primary Product Category of Sales:

Fire                  Safety Storage                  Spill Containment                  Industrial Safety

Signature of Primary Contact:

Date