

# ProSource

## New Distributor Application Form

Distributor Application and Credit / Trade References are reviewed and processed with the receipt of the first purchase order, indicating intent to become a ProSource distributor.

Company Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year Co. Founded: \_\_\_\_\_ Type of Business \_\_\_ Corporation \_\_\_ Private \_\_\_ Individual

Number of Employees: \_\_\_\_\_ Number of Salespeople: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Principal Owner's Name: \_\_\_\_\_

EIN No: \_\_\_\_\_ Tax Exempt (Resale) No: \_\_\_\_\_  
(attach copy of license)

Manager Contact: \_\_\_\_\_ Sales Contact: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Accts Payable Contact: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Bank Acct Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Telephone No: \_\_\_\_\_

Credit / Trade References: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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(attach reference sheet if available)

**ALL DISTRIBUTORS AND PURCHASE ORDERS SHOULD BE SUBMITTED TO PROSOURCE CUSTOMER SERVICE VIA FAX AT 866-253-7596, OR MAILED TO: 8 DORAL DRIVE, AIKEN, SC 29208. PLEASE INCLUDE A COPY OF YOUR RESELLER'S CERTIFICATE WITH YOUR APPLICATION.**

I Certify that all of the information on this form is correct. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_