



DISTRIBUTOR APPLICATION

Applicant: Please submit this form to your sales rep or fax to (276) 642-7035 or Email completed application to: cpeters@aerusonline.com

PRINCIPAL OWNER(S) INFORMATION

*If more than owner a separate Distributor Application should be filled out by each owner

Name: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

What is the primary product that you currently sell or service? _____

No. of Years in this Business _____ How many service trucks do you have on the road? _____

How many sales representatives do you have? _____ How many service technicians do you have? _____

Preferred e-mail: _____

COMPANY INFORMATION, PLEASE PROVIDE COMPANY INFORMATION

Entity Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

FED.TAX.ID: _____ This is company is a (choose one): Corp. Partnership Proprietorship LLC

SALES REPRESENTATIVE NOTES

Comments: _____
