

Purple Sights

Authorized Distributor Application

Company Information:

Company Name: _____

Contact Person: _____

Street Address: _____

City, State, Zip: _____

Phone (____) _____ Fax (____) _____

Web URL: _____

Email Address: _____

Years in Business: _____

How did you hear about us? _____

Owner Information:

Name (s): _____

Home Address: _____

City, State & Zip: _____

Phone: (____) _____ Fax: (____) _____

Trade References:

Company Name: _____

Dealer Number: _____

Contact Person: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____

Dealer Number: _____

Contact Person: _____

Phone: (____) _____ Fax: (____) _____

Purple Slice

Trade References, Cont.:

Company Name: _____

Dealer Number: _____

Contact Person: _____

Phone: (____) _____ Fax: (____) _____

Bank Reference:

Bank Name: _____

Phone: _____

Contact: _____

Please Attach the Following:

- 1) A copy of your business license**
- 2) A copy of your Resale Card/Certificate (if applicable in your state)**
- 3) A copy of your local Yellow Page listing**

Signature: _____ Date: _____

Thank you for your interest in becoming a Purple Slice Authorized Distributor!

FOR OFFICE USE ONLY

QB	DCL	REF	STATUS	PRICE LIST	ORDER FROMS	NOTES

Pumpkin Slits

NOTES

CONFIDENTIAL