



**APPLICATION FORM FOR DISTRIBUTORSHIP**

Date: \_\_\_\_\_

1<sup>st</sup> Contact Name: \_\_\_\_\_ (Must be the owner of the business)

2<sup>nd</sup> Contact Name: \_\_\_\_\_ (Must be the officer of the business)

Social Security Number of the owner: \_\_\_\_\_

Company Name: \_\_\_\_\_

FEI # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell 1: \_\_\_\_\_ Cell 2: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website Address:  
\_\_\_\_\_

Which territory are you requesting to be a distributor? \_\_\_\_\_

Years in the business: \_\_\_\_\_

Years in the Marine Industry: \_\_\_\_\_

Type of the business: \_\_\_\_\_

Annual Gross Sales: \$ \_\_\_\_\_

**(Last 2 years' Corporate Income Tax Return must be submitted with this form)**

How many employees work in your company? : \_\_\_\_\_

What is the size of your facility? \_\_\_\_\_sqft

Business References:

1- Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

2- Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Routing# \_\_\_\_\_

Bank Account # \_\_\_\_\_

Please tell us your related qualifications to become Flexiteek Distributor:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_