

Graetz Mfg., Inc.
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Pound, WI 54161-9298
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Contact us via e-mail at:
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DISTRIBUTOR'S APPLICATION

Company Name _____

Name of: Corporate Officer, Proprietor _____

Business Address _____ City _____ State _____ Zip code _____

Billing Address (if different than above) _____

Phone # _____ Fax # _____ E-mail _____

F.E.I.N. _____ Seller's Permit # _____

Years in business _____ Years at this location _____

Last 3 years' Annual Sales \$ _____ \$ _____ \$ _____

Current product lines held _____

Credit References: (One Bank Reference and a min of 2 other references Required)

	<u>Name</u>	<u>Phone Number</u>	<u>Fax Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

The above information is accurate and correct. I agree to the terms as stated.

X _____
Signature of Authorized Representative Title Date

This signature allows Graetz to contact your referrals

Orders will be accepted pending credit approval.

Terms

Payment is due within 30 days after date of invoice. Payments received after due date are subject to a service charge of 1½% per month.

There will be a \$25.00 surcharge per line item for emergency parts needed within 24 hours or less.

Sales personnel available 7:00 a.m. – 3:30 p.m. C.S.T. Monday – Friday.

Special orders will require a lead-time.

For sales tax exemption provide valid copy of State Resale Certificate or supporting state tax exemption documentation.

Without valid documentation, all purchases will be subject to sales tax.

There is no time length to this distributorship either party may terminate distributorship without legal ramification.