

DEALER APPLICATION

COMPANY INFORMATION						
Company Name:						
DBA:						
Physical Address:						
City:	Stat	e:	Country:	ZIP / Postal Code:		
Shipping Address: (If different)						
City:	Stat	e:	Country:	ZIP/ Postal Code:		
Telephone:	Fax: Email:					
TRADE REFERENCES						
A. Company:	Cont	cact:				
Phone:	Fax:	Fax:				
Account #:						
B. Company:	Cont	Contact:				
Phone:	Fax:	Fax:		Email:		
Account #:						
C. Company:						
Phone:	Phone:		Email:			
Account #:						
BANK REFERENCES						
A. Bank:		Contact:				
Address:						
City:	State:		ZIP Code:			
Telephone:	Fax:		Email:			
Account No:		How long?				
B. Bank: Contact:						
Address:						
City:	City: State:		ZIP Code:			
Account No:			How long?			
Telephone: Fax:		Email:				

COMPANY CONTACT & AUTHORIZATIONS							
Authorized to Purchase Product							
Name:			Title:				
Telephone:	Fax:			Ema	il:		
Name:			Title:				
Telephone:	Fax:			Ema	il:		
Name:			Title:				
Telephone:	Fax:			Ema	il:		
Accounts Payable Contact							
Name:			Title:				
Telephone:	Fax:			Ema	il:		
		COMPANY B	ACKGROUND				
Number of Years in Business:	DUNS #	:			*Resale Ta	x #:	
Annual Revenue: \$		-	e of Revenue fr		ld Related P	roducts:	%
Your company functions as: 🗌 Wholesa	le Supply H	louse 🗌 Re	gional Distribute	or			
🗌 Nationa	l Distributo	or 🗌 Retaile	r				
What territory do you cover:							
What other lines of mold related produc	ts do you r	epresent:					
How many locations do you have?							
List all locations where you sell, distribu	ite, invento	ory or store	product:				
Address		City			State	Zip	
If there are additional locations, please list all information on an attached piece of paper.							
PURCHASE							
Estimated annual purchase volume (in USD): \$							
Estimated initial order (in USD): \$							
*Sales and Use Tax form must accompan	y this appli	ication upon	submission.				

MARKETING			
How many sales people will be selling MoldHold?			
Do you have a specific marketing plan for MoldHold?			
Will you advertise MoldHold specifically?			
How will you advertise MoldHold?			
Do you participate in Trade Shows?	Will MoldHold be represented?		

	PERSONAL GUARANTEE	
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In the event this account is delinquent and satisfactory arrangements have not been made for payment, all legal, attorney fees and collection costs will be assumed by the debtor. By applying for credit, being accepted and signing this application, I agree to the above terms and conditions. I also assume personal responsibility for payment of said corporation's account. It is understood the credit would not be extended to said corporation without this assumption of liability. This guarantee and every part hereof shall extend to and be obligatory to my heirs, executors, administrators and assigns and shall inure to the benefit of MoldHold, Inc.. Revocation of this guarantee takes effect 30 days after receipt of a certified letter, and does not change the liability for any purchase made prior to the revocation taking effect.

The above information is for the purpose of obtaining credit and is warranted to be true and correct. I hereby authorized MoldHold, Inc. to investigate the references listed.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date