**Fischer Technical Company Dealer Application**

Thank you for your interest in becoming an authorized dealer for Fischer Technical Company products as well as the products manufactured and/or imported from our growing family of principals. A line card follows, which you can use to check off the companies you wish to receive additional information from including: catalogs, catalog images or copies as well as dealer prices and terms.

Please fax the following information along with a Resale or Sales Tax Exempt Certificate back to us at #630-980-9881 so that we may set you up as an authorized dealer.

**Company Information**

Company Name:

DBA (if applicable):

Corporate parent company (if applicable):

Federal ID:

How many years has the company been in business:

Legal Address

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_

Billing Address (If Different)

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_

Main Phone Number:

Main Fax Number:

Website URL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Information for Your Company**

Bank Name:

Your Bank Account Number:

Bank Contact Information-

Name:

Phone:

Email:

Address-

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_

**Officer and Principal Information-** Please fill in all information or duplicate as needed and add address if different from main

President Name:

Phone:

Email:

Accounts Payable Name:

Phone:

Email:

Products Manager Name:

Phone:

Email:

Customer Service Name:

Phone:

Email:

**Credit Reference Information** Please provide us with a company to check your credit history

Company Name:

Legal Address

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_

Contact Name:

Phone Number:

Fax Number:

Email:

Company Name:

Legal Address

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_

Contact Name:

Phone Number:

Fax Number:

Email:

Company Name:

Legal Address

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_

Contact Name:

Phone Number:

Fax Number:

Email:

**Sales and Marketing Information**

Do you have a printed catalog?

If yes, how often and when does it come out?

How often do you add products to your website?

Which trade shows do you attend/exhibit?

-

-

Do you expect to present our products at trade shows?

What other major product lines do you offer?

-

-

-

-

-

From which industry are your principal customers?

-

-

-