

FACTORY SUPPLY DEALER REGISTRATION FORM



Please complete this form along with the Dealer Credit Application in full and email them to your Factory Supply sales representative.

REGISTRATION INFORMATION:

Application for (please check one): ☐ New Dealer ☐ Additional Branch Office

Please check all that apply:

Netting Products: Yearly Sales Goal \$ _____ Gargoyle Products: Yearly Sales Goal \$ _____

If you checked "Additional Branch Office" above, please answer the following questions:

1. Will Purchase Orders be issued from this office? Yes ☐ No ☐
2. Will billing be handled from the office? Yes ☐ No ☐
If "no", which office? _____
3. Who is the "billing" contact person? _____

COMPANY INFORMATION:

Company Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
City, State, Zip: _____
Street Address: _____
City, State, Zip: _____

KEY PERSONNEL: Please list the name and position of all personnel that should receive Factory Supply literature updates and mailings. Please be sure to note inside sales reps (ISR) and outside sales reps (OSR)

Main Order Contact: _____	Position: _____
Sales Manager: _____	Position: _____
Sales Person: _____	Position: _____
Sales Person: _____	Position: _____

RELATED PRODUCTS: Please list three related product lines that would be used in conjunction with or to complement the Factory Supply product line.

1. Product Line: _____	Estimated \$ Volume per year: _____
2. Product Line: _____	Estimated \$ Volume per year: _____
3. Product Line: _____	Estimated \$ Volume per year: _____

As a requirement of becoming an authorized dealer for Factory Supply, Netting and/or Gargoyle products, I agree to allow a Factory Supply sales rep or other technical trainer to do a one (1) day training seminar at a location of our choosing within the next three (3) months.

Signature (Sales Manager or President): _____ Date: _____

Executed documents sent via email in PDF format and all signatures therein
will be deemed originals for all purposes.