



Please check below:

New Application

Updated Application

We will be Reselling

**FIRE AND RESCUE
APPLICATION**



Company Name:		DBA:
Business Mailing Address:		Business City:
Business State:	Business Zip:	Business Country:
Business Telephone:		Business Fax:
Shipping Address (if different):		Shipping City:
Shipping State:	Shipping Zip:	Shipping Country:
Shipping Telephone:		Shipping Fax:
Website Address:		
President/Owner First Name:		President Last Name:
President Phone:		President Email:
Sales Manager First Name:		Sales Mgr. Last Name:
Sales Mgr. Phone:		Sales Mgr. Email:
Purchasing Manager First Name:		Purchasing Mgr. Last Name:
Purchasing Mgr. Phone:		Purchasing Mgr. Email:
Primary Line of Business:		
Number of Locations:	Years in Business:	Do you Have a Showroom?:





FIRE AND RESCUE APPLICATION



Controller/CFO First Name:		Controller/CFO Last Name:	
Controller/CFO Phone:		Controller/CFO Email:	
Annual Company Gross Sales (in \$):	Corporation Type:	EIN:	
Amount of Credit Request:	Has the Company Ever Filed for Bankruptcy or is the Company in Process of Reorganization?:		
Name of Bank/Institution 1:		Bank/Institution 1 Contact Name:	
Bank/Institution 1 Contact Email or Phone:		Bank/Institution 1 Account Number:	
Name of Bank/Institution 2:		Bank/Institution 2 Contact Name:	
Bank/Institution 2 Contact Email or Phone:		Bank/Institution 2 Account Number:	
Trade Reference 1 Company:		Account Number with Trade Reference 1:	
Trade Reference 1 Contact Name:		Trade Reference 1 Contact Email or Phone:	
Trade Reference 2 Company:		Account Number with Trade Reference 2:	
Trade Reference 2 Contact Name:		Trade Reference 2 Contact Email or Phone:	
Trade Reference 3 Company:		Account Number with Trade Reference 3:	
Trade Reference 3 Contact Name:		Trade Reference 3 Contact Email or Phone:	



FIRE AND RESCUE 2017 DISTRIBUTOR APPLICATION



Number of Inside Sales People:	Number of Outside Sales People:
Do you have Scheduled Sales Meetings?:	May we Visit and Provide Product Training to Sales Force?:
At Which Trade Shows do you Exhibit?:	Do you Publish a Catalog?:
Do you Manufacture any Equipment?:	If so, Please List:
Do you sell Trucks?:	What brand(s)?:
Are you familiar with Turtle Plastics' Cribbing & Stabilization Tools?:	Do you Carry Hose Bridges?:
Will you be Selling our Products into California or Europe?:	Do you Carry Rescue Tools?:
Do you Carry Compartment or Floor Matting?:	Do you Carry Lifting Bags?:
Other:	

Name:	Signature:
Title:	Date:

Agreement

1. Applicant will receive notification regarding application approval within 7-10 business days of receiving fully completed and signed application. Please note if you are a reseller, additional documents will be required (Distributor Agreement, Prop65 Form and State Sales and Use Unit Form).
2. Once approved, all invoices are to be paid 30 days from the date of the invoice.
3. As an authorized user of our products, your Company agrees not to modify or alter any Turtle Plastics products without the specific written consent of Turtle Plastics.
4. By submitting this application, you are acknowledging that you are an authorized representative/agent of the Company and you authorize Turtle Plastics to make inquiries into the banking and business/trade references that you have supplied.

*** IF YOU ARE RESELLING OUR PRODUCTS, PLEASE ALSO ATTACH OR SEND A COPY OF YOUR STATE'S SALES AND USE TAX UNIT ALONG WITH A SIGNED DISTRIBUTOR AGREEMENT AND PROP65 FORM TO ORDERS@TURTLEPLASTICS.COM