

Prospective SwapLoader Distributor Information

	Prospective Distributor Information	
Completed By:		Date:
Business Name (Legal):		
Company Website:		
Address:		
City:		
County:		
State:		
Zip:		
Country:		
Contact Person:		
Contact Title:		
Contact Email Address:		
Telephone:		
Fax:		
Business Selling:		
President:		
Treasurer:		
Vice President:		
Purchasing Agent:		
General Manager:		
Service Manager:		
Sales People		
State Tax ID #:		
Organizational ID #: <small>(Issued during incorporation) (This is not your Federal ID #)</small>	___ Check if not applicable	
State which issued your Corporate Charter		

****Please complete this section if you have more than one location***

Branch Name A:	
Br. Address A:	
Br. City A:	
Br. County A:	
Br. State A:	
Br. Zip A:	
Br. Country A:	
Br. Phone A:	
Br. Fax A:	
Br. Purchasing A:	
Br. Mgr. A:	
Br. Sales Mgr. A:	
Br. Serv. Mgr. A:	
Br. Sales People A:	
Branch Name B:	
Br. Address B:	
Br. City B:	
Br. County B:	
Br. State B:	
Br. Country B:	
Br. Zip B:	
Br. Phone B:	
Br. Fax B:	
Br. Purchasing B:	
Br. Mgr. B:	
Br. Sales Mgr. B:	
Br. Serv. Mgr. B:	
Br. Sales People B:	