An EFCO Company
SWAPLOADER®
"Hooked on Quality" U.S.A. LTD.

Prospective SwapLoader Distributor Information

	Prospective Distributor Information	
Completed By:		Date:
Business Name (Legal):		
Company Website:		
Parent Company: (if applicable)		
Address:		
City:		
County:		
State:		
Zip:		
Country:		
Contact Person:		
Contact Title:		
Contact Email Address:		
Telephone:		
Fax:		
President:	(Name)	(e-mail address)
Treasurer:	(Name)	(e-mail address)
Vice President:	(Name)	(e-mail address)
Purchasing Agent:	(Name)	(e-mail address)
General Manager:	(Name)	(e-mail address)
Service Manager:	(Name)	(e-mail address)
Sales People	(Name)	(e-mail address)
State Tax ID #:		
Organizational ID #: (Issued during incorporation) (This is not your Federal ID #)		☐ 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:	
Billing Address	
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:	
Billing Address	
Br. Purchasing B:	
Br. Mgr. B:	
Br. Sales Mgr. B:	
Br. Serv. Mgr. B:	
Br. Sales People B:	