



PROCYON®



Plus Manufacturing, Inc.
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Application for Distributorship

Proud Member Of:



COMPANY INFO

Company Name: _____

d/b/a: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Is this a business or residential address?

Phone: _____ Phone: _____ Fax: _____

Email: _____ Web Site: _____

Parent Company (if applicable – provide name, address, phone, & contact):

- Public
- Private
- Partnership
- Sole Proprietorship

Resale # _____

Tax ID / License# _____
(Social Security # if Sole Proprietor)

DNB # _____

of Years in Business _____

of Locations _____

of Employees _____

\$ Yearly Sales _____

Storefront? Yes No

Warehouse? Yes No

Phone: _____

Email: _____

Phone: _____

Email: _____

Phone: _____

Email: _____

Phone: _____

Email: _____

Phone: _____

Email: _____

Phone: _____

Email: _____

CONTACT INFO

Owner / Primary Corporate Officer: _____

Partner(s) (if applicable): _____

Primary Purchasing Contact: _____

Other Authorized Purchaser(s): _____

Primary Accounts Payable Contact: _____

MARKETING & SALES INFO

Sales Manager / Main Sales Contact: _____

Phone: _____

Email: _____

Other Sales Contact(s): _____

of Salespeople _____

Does your company: Sell to the Public B2B
 Majority of Customers: Janitorial Companies Commercial / Government Public Other _____
 Does your company sell competing products? Yes No
 If Yes, please describe: _____
 What is your company's expected percentage or policy on profit margin? _____
 Please detail your company's sales territory: _____
 Is your company actively pursuing more territories or markets? Yes No
 If Yes, please describe: _____
 Does your company conduct product training? Yes No If Yes, how often? _____
 Would you be interested in having PROCYON Representatives assist you in training? Yes No

CREDIT & REFERENCES

CREDIT REFERENCES:

| | | |
|---------------|---------------|-------------|
| NAME _____ | CONTACT _____ | |
| ADDRESS _____ | | |
| PHONE _____ | FAX _____ | EMAIL _____ |
| NAME _____ | CONTACT _____ | |
| ADDRESS _____ | | |
| PHONE _____ | FAX _____ | EMAIL _____ |
| NAME _____ | CONTACT _____ | |
| ADDRESS _____ | | |
| PHONE _____ | FAX _____ | EMAIL _____ |

Plus Manufacturing, Inc. offers open accounts with a personal guarantee. In order to process the application for credit, please provide additional information below (your credit score will not be affected):

Primary Owner/Officer: _____ SS#: _____

In making this application for credit, we hereby agree that all amounts are payable on or before the net due date (as shown on each invoice), and if not paid on or before said date, are then delinquent. If credit is granted, the terms will be Net 30, and the undersigned is responsible for payment of the account. In consideration of your extending credit to the above firm at our request, we hereby personally guarantee the payment of all obligations to you, of all amounts now due and owing or which may hereafter become due and owing to you, from said debtor entity. Each of the undersigned hereby agrees that the liability for all sums guaranteed shall be a joint and several one. Liability of the undersigned shall not be affected or prejudiced by the additional acceptance of a note or evidence of indebtedness, the extension of time, payment arrangements or other indulgences granted to debtor, or by agreement affecting said indebtedness, and, the undersigned hereby waives notice of all aforesaid. The filing of suit or exhaustion of collection or legal remedies against the said debtor shall not be a condition precedent the enforcement of this guarantee, and undersigned hereby expressly waives demand, presentment of payment, protest, notice of termination executed by the undersigned, as to accounts and amounts then owing from said debtor. In the event that a suit is instituted on this guarantee, the undersigned hereby agrees to pay all court costs, legal fees, and such sums as the court may deem reasonable. All indebtedness due to Plus Manufacturing, Inc. is due and payable at its offices in Spokane, WA. All contracts and orders are deemed to be made or consummated in Spokane, WA. The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. Your signature below authorizes Plus Manufacturing, Inc. to investigate the credit references listed above.

Signed _____

Dated _____

Print Name _____