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APPLICATION TO BE AN AUTHORIZED DISTRIBUTOR

1) Company Information

Company Name:
Shipping Address:
Billing Address:
Phone:
Fax:
E-mail:
Phone:
Fax:

Year Founded: Type of Corporation: C-Corp.; LLC; S-Corp.; Other;

Approximate Annual Sales: Under \$500,000; \$500,000-\$1MM; \$1-5MM; Over \$5MM

Number of Employees: 1-10; 11-25; 26-50; 51-100;100-500; Over 500.

Authorized Purchasing Agent(s):

Controller/Payables Manager:

State Resale Tax Certificate Number:
(Please provide a copy with application.)

Territory Covered:

2) Credit Information

Account to be settled by: COD (COD charges will apply); Mastercard/Visa/AMEX,
Account Number Exp., Verification #

Name on Acct. (May be provided at time of sale); Credit
Account - Net 30 Days, Please complete the information on page two for a credit
account application:

Trade Credit References: (Minimum Three)

Company Name: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail: _____

Contact: _____

Company Name: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail: _____

Contact: _____

Company Name: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail: _____

Contact: _____

Company Name: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail: _____

Contact: _____

Banking Information:

Bank Name: _____ Account #: _____
Address: _____ Phone: _____
_____ Fax: _____

Corporate Officers:

President/CEO: _____ CFO: _____
Address: _____ Address: _____
_____ _____
_____ _____

PERSON AUTHORIZED TO PLACE ORDERS: _____

We authorize Proto-Tel, Inc. to obtain information from the reference we provided. Furthermore we agree to pay invoices according to terms; if not paid within terms, I understand my account may be closed.