
DEALER APPLICATION

DEALER NAME _____

STREET ADDRESS _____ P.O. _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ WEBSITE _____

TELEPHONE _____ FAX _____

ACCOUNTS PAYABLE CONTACT _____

ACCOUNTS PAYABLE EMAIL (required) _____

BANK NAME _____

CITY _____ STATE _____ ZIP _____

BANK TELEPHONE _____ ACCOUNT# _____

*If you wish to pay with credit card, Solmetex accepts MasterCard, Visa and American Express.
Credit card information must be included with opening order.*

Please provide 3 trade references below. Include telephone, fax and your account number with the company

1. _____

2. _____

3. _____

COMPANY INFORMATION

Years in business_____

Method of Distribution (check all that apply):

____Sales Reps____Catalog____Telephone____Internet____Service

_____Number of Employees

_____Sales

_____Service

Do sell an amalgam separator currently _____ If yes, which one(s)_____

Current product lines distributed:

Annual projected unit sales:

Amalgam Separator_____

Replacement Collection Containers_____

Additional information:

FAX COMPLETED FORM TO 508-393-1795 or email to sales@solmetex.com