



Master Appliance Corp.

2420 18th St., P.O. Box 68, Racine, WI 53401 U.S.A.
Tel Sales: 262-633-7791, Admin: 262-633-8840, Fax: 262-633-9745
Web Site: www.masterappliance.com

Industrial Distributor Application

Company Name _____

Bill to Address:

Ship to Address:

Personnel – indicate primary contact with an asterisk (*)

Main Tel No: _____ Fax No: _____

President/GM: _____ Ext: _____ E-Mail: _____

Purchasing Mgr: _____ Ext: _____ E-Mail: _____

Sales Mgr: _____ Ext: _____ E-Mail: _____

Product Mgr: _____ Ext: _____ E-Mail: _____

Accts Payable Contact: _____ Ext: _____ E-Mail: _____

Total employees: _____ No. outside sales employees: _____

No. inside sales employees: _____ No. counter sales employees: _____

Branch Addresses/Contacts

Markets Solicited (in order of importance)

Your Major Suppliers

Major Product Lines Sold

Company Name _____

Your Major Competitors

Heat Tool Products Currently Sold

_____ Electric heat guns: Brands: _____

_____ Butane powered heat tools: Brands: _____

_____ Connectors/Terminals: Brands: _____

_____ Butane: Brands: _____

Potential Business With Master Appliance Per Year (Check one)

_____ \$10-15,000 _____ \$15-25,000 _____ \$25,000+

Marketing Information

Your estimated total annual sales: _____ Years in business: _____

Territory covered: _____

Will-call counter or walk in showroom: Y____ N____ Send Poster/Decal: Y____ N____

Publish a catalog: Y____ N____ Qty:____ Freq:____ Cat deadline: ____/____/____

Flyers: Y____ N____ Qty:____ Freq:____

Telemarketing: Y____ N____ E-mail Newsletters: Y____ N____

Trade shows, in house: _____ Other: _____

Web Site: _____ Sell Master on the Web: Y____ N____

Other Comments

Completed by: _____ Date: _____



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CREDIT APPLICATION AND CUSTOMER AUTHORIZATION

FIRM NAME		TELEPHONE #	FAX #
ADDRESS		CITY, STATE	ZIP CODE
BILLING ADDRESS (IF DIFFERENT)		CITY, STATE	ZIP CODE
APPLICANT IS A √ (CHECK ONE)	<input type="checkbox"/> CORPORATION DATE INCORPORATED: _____	<input type="checkbox"/> PARTNERSHIP YEARS IN BUSINESS: _____	<input type="checkbox"/> SOLE PROPRIETOR YEARS IN BUSINESS: _____
RESALE CERTIFICATE W/LICENSE #	FEDERAL TAX ID #		
REQUIRED – MUST BE ATTACHED			
NAME OF PRINCIPAL(S) AND TITLES			
1.			
2.			

BANK REFERENCE

BANK NAME	ADDRESS	CITY, STATE, ZIP	
CONTACT NAME	TELEPHONE #	FAX #	ACCOUNT #

TRADE REFERENCES

SUPPLIER NAME	ADDRESS	CITY, STATE, ZIP	
CONTACT NAME	TELEPHONE #	FAX #	NUMBER OF YEARS
SUPPLIER NAME	ADDRESS	CITY, STATE, ZIP	
CONTACT NAME	TELEPHONE #	FAX #	NUMBER OF YEARS
SUPPLIER NAME	ADDRESS	CITY, STATE, ZIP	
CONTACT NAME	TELEPHONE #	FAX #	NUMBER OF YEARS

Credit Application Prepared by: _____

Telephone # _____

Fax # _____

CUSTOMER AUTHORIZATION

I hereby give authorization for Master Appliance Corporation to obtain such credit or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account. All Information will be treated as confidential.

Company Name

Signature

Date

Print Name