

Please take a minute to review and fill out these forms so we can better service your account.
 We look forward to working with you!

Distributor Profile: Yes No

Do you currently purchase Safetec Products?

If yes, what company have you purchased Safetec products from?

Company Name: _____ Years in Business: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Other Locations: (Please refer to pg 2)

Website: _____

Main Contact Name & Position*: _____

Main Contact Email: _____

Billing Contact Name*: _____

Billing Contact Email: _____

**This person will receive updates and announcements, prices, policies, etc.*

Type of Organization: Proprietorship Partnership Corporation

What is your industry? Healthcare Occ. Health/Safety Industrial/Safety
 Laboratories Airlines Law Enforcement
 Long/Term Care Schools/Buses Other

Customer base %:	Healthcare	%	Occ. Health/Safety	%
	Industrial/Safety	%	Laboratories	%
	Airlines	%	Law Enforcement	%
	Long-Term Care	%	Schools/Buses	%
	Other	%		

Expected Purchases: _____ Annual Revenue: _____

Number of Employees: _____

Inside Sales Reps: Yes No How Many? _____

Outside Sales Reps: Yes No How Many? _____

Sales Tax User ID: *Please submit copy of the form (as applicable)* _____

FEIN Federal Tax ID Number _____

Other Locations:

Address:

City: State: Zip:

Phone Number: Fax Number:

Address:

City: State: Zip:

Phone Number: Fax Number:

Address:

City: State: Zip:

Phone Number: Fax Number:

Address:

City: State: Zip:

Phone Number: Fax Number:
