

Distributor Application

Date Submitted: _____

Hamilton Manufacturing Corp.

1026 Hamilton Dr.
Holland, OH 43528
Ph: 419.867.4858
Toll Free: 888.723.4858
Fax: 419.867.4850
Website: www.hamiltonmfg.com
Email: sales@hamiltonmfg.com

For Hamilton Use Only:	
Approved: _____	Date: _____
Open A/C: _____	Credit Limit: _____
COD/CIA: _____	Sales Rep: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Toll Free: () _____ Fax: () _____

Main Contact Name: _____ Title: _____

Email: _____ Website Address: _____

Manufacturers you are currently representing:

NAME	ADDRESS	CITY/STATE/ZIP	PHONE	CONTACT NAME
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Dunn and Bradstreet # _____

Credit References: (High Credit of over \$5,000.00)

NAME	ADDRESS	CITY/STATE/ZIP	PHONE	CONTACT NAME
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Bank References:

NAME	ADDRESS	CITY/STATE/ZIP	PHONE	CONTACT NAME
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Date Business Started: _____ Federal ID #: _____

Type of Business: Corporation Proprietorship Other (Explain): _____

If you make sales into the state of Ohio, you must supply a sales tax exemption certificate.

Industry Involvement: Car Wash Laundry Vending/Amusement Parking Other: _____

If Car Wash, does your company own and operate car washes? _____ If so, how many? _____

Please complete the reverse side of this application before signing. This application cannot be processed until this form and the attached distributor agreement are signed and returned to Hamilton. Hamilton reserves the right to reject applicant as its distributor.

Name of person completing application (Print): _____

Signature of person completing application: _____

Additional Contact Information:

Head of Sales Department: NAME: _____ TITLE _____

PHONE # _____ CELL # _____ EMAIL _____

Sales Contact (1): NAME: _____ TITLE _____

PHONE # _____ CELL # _____ EMAIL _____

Sales Contact (2): NAME: _____ TITLE _____

PHONE # _____ CELL # _____ EMAIL _____

Head of Finance Department: NAME: _____ TITLE _____

PHONE # _____ CELL # _____ EMAIL _____

Head of Service Department: NAME: _____ TITLE _____

PHONE # _____ CELL # _____ EMAIL _____

Business Information:

1. How many people are in your company? _____

2. Does your company sell our competitor's products? _____

If so, which ones? (circle all that apply)

Unitec: Changers Paystations Both

American: Changers Paystations Both

Exacta: Paystations

Standard: Changers

Rowe: Changers

Other: _____

3. Please detail your company's sales territory; by state, county, city, etc.: _____

4. Is your company actively pursuing additional territories or markets? _____

If so, please explain: _____

5. Please estimate the technical expertise of your sales force regarding Hamilton Equipment on a scale of 1 to 10 (1 being a low level of knowledge, 10 being highly knowledgeable): _____

6. Does your company conduct product training? _____

If so, how often? _____

Will Hamilton's products be included in that training? _____

Would you be interested in having Hamilton assist you in training for Hamilton's products? _____

Advertising/Marketing:

1. Do you advertise? _____ If so, which publications do you advertise in? _____

2. Which publications do you subscribe to? _____

3. Do you attend or participate in industry trade shows? _____

If so, which ones will you be attending this year? _____

Would you be interested in displaying Hamilton Equipment in your booth? _____