

## **Distributor Application Form**

To be considered for a Wamco Polished Rod Spacer Distributor, please provide complete and detailed answers to the following questions and return your completed application to <a href="mailto:sales@wamcorodspacers.com">sales@wamcorodspacers.com</a>

| Busi     | iness & Contact Details  |  |  |  |  |  |
|----------|--|--|--|--|--|--|
| You      | ur Name:   |  |  |  |  |  |
| Bu       | siness Name:   |  |  |  |  |  |
| Bu       | siness Legal Entity:   |  |  |  |  |  |
| Bu       | siness Address:  |  |  |  |  |  |
| —<br>Dir | rect Number:   |  |  |  |  |  |
|          | ll Number:   |  |  |  |  |  |
|          | mail Address:  |  |  |  |  |  |
|          | siness Website:  |  |  |  |  |  |
| Du       | Silicos Website.   |  |  |  |  |  |
| Со       | mpany Details  |  |  |  |  |  |
| 1.       | Length of time operating under the above named business:                         |  |  |  |  |  |
| 2.       | Length of time at above address:   |  |  |  |  |  |
| 3.       | Number of branch offices operated under the above named business & locations:    |  |  |  |  |  |
| 4.       | Number of sales people:full - timepart - time                                    |  |  |  |  |  |
|          | Are the sales representatives listed above exclusive to your organization (YesNo |  |  |  |  |  |
|          | Are they employees (YesNo) or independent contractors (YesNo)                    |  |  |  |  |  |
|          | Number of office support/training personnel:full - timepart - time               |  |  |  |  |  |

| 5.  | Why are you inte  | rested in representing Wamco?   | )                                    |             |  |
|-----|---|---------------------------------|--------------------------------------|-------------|--|
| 6.  | Where did you he  |                                 | Spacers? What knowledge do you ha    |             |  |
| 7.  | Provide a detaile   |                                 | territory you wish to represent War  |             |  |
|     | List 4 main product   |                                 | ch a copy for each sub-rep ifapplica | <del></del> |  |
|     |   |                                 |                                      |             |  |
| 9.  |   |                                 | s represent more than 90% of your o  |             |  |
| 10. | What was your or  | ganizations approximate total   | sales in the last 12 months?         |             |  |
| 11. | 1. Who are the top 5 Clients your organization has dealings with: |                                 |                                      |             |  |
|     |   |                                 |                                      |             |  |
| 12. | Give a brief expla  | anation of how you market the p | roducts you represent                |             |  |
|     |   |                                 |                                      |             |  |
|     |   |                                 |                                      |             |  |

| 13. | Please | provide | three | <b>business</b> | references. |
|-----|--------|---------|-------|-----------------|-------------|
|     |        |         |       |                 |             |

| Name                     | Address                     | Phone #  | Years Know      |
|--------------------------|-----------------------------|--|-----------------|
|                          |                             |  |                 |
|                          |                             |  |                 |
|                          |                             |  |                 |
|                          |                             |  |                 |
|                          |                             |  |                 |
|                          |                             |  |                 |
| -                        |                             |  |                 |
| . Please provide a ba    | nk reference                |  |                 |
| . Treads provide a sa    |                             |  |                 |
| Branch Name:             |                             |  |                 |
| Phone Number:            |                             | Contact:   |                 |
|                          |                             |  |                 |
|                          |                             |  |                 |
| •                        | •                           | to the best of my knowledge                                      |                 |
|                          |                             | cation. In the event that an ag<br>eading information given in m |                 |
|                          |                             | agreement. I agree to hold in                                    |                 |
|                          | •                           | nc. until such time as a Distri                                  | butor agreement |
| th Wamco is establishe   | d.                          |  |                 |
|                          |                             |  |                 |
| anature of Applicant (tv | pe your name to indicate an | e-signature) Date  |                 |
| 3                        | ,                           | g  |                 |
|                          |                             |  |                 |
| int Name & Title         |                             |  |                 |