

Distribution Partner Application

P.O. BOX 476, Libertyville, IL 60048 TEL: (847) 796-1119 EMAIL: sales@acrossland.com

Company	Informa	ation							
Company									
Street add	ress								
City	<u>i</u>			State	ate			Zip	
Phone				Fax				<u>i</u>	
Email				Comp	Company website				
*Please sub		oy of resale ce	rtificatio	n if you ar	re pur	chasing fr	om Illinois		
Annual Sal		ie							
Main product line									
Your targe	t industry	/							
Number of employee		ee			Number of sales people				
Contact I	nformati	ion							
Name			Email			Phone			
Principal									
Sales manager									
Purchasing manager		r							
Account payable									
Shipping Street add		on							
City		<u> </u>		State				Zip	
Ship via	Fe	edEx collect				Fedf	x prepaid	•	



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Cred	lit R	efer	ence	#1
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Company name				
Contact name				
Street address				
City		State	Zip	
Phone		Email	·	<u> </u>
<u> </u>			 	

Credit Reference #2

Company name						
Contact name						
Street address						
City		State		Zip		
Phone		Email				

Credit Reference #3

Company name			
Contact name			
Street address			
City	State	Zip	
Phone	Email		