

Agency Proprietors and Titles

Agency Name *

Date Established

Agency Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select 

Country

Agency Phone *

 -

Area Code Phone Number

Agency Email Address

Number of Sales People *

Number of Outside Sales / Number of Inside Sales

Territory Covered *

Please be Explicit

Types of Industry Accounts Covered *

Industrial, Wastewater, Chemical, Water, Municipal, etc.

Percentage of O.E.M. called on / Distributor / Dealer / End User? *

Example: 60% OEM / 10% Distributor / 10% Dealer / 20% End User

Principal Manufacturers You Represent (These will not be contacted without your written permission) *

What Do You Feel is Your Key Asset in Getting Business for Your Principal? *

Additional Files

If you wish to enclose a brochure, line listing, testimonials, resumes of key personnel, proof of sales accomplishment, or any other material which you think might be helpful please attach them below.

File Attachment 1

Choose File

File Attachment 2

Choose File

Please Include Any Additional Comments

Enter the message as it's shown *

Send Questionnaire

 Print Form