



New Distributor Application Form

Distributor Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Company _____
E-mail: _____

Company Web Address: _____

Principal Contact: _____ Title: _____

Principal Contact's E-mail: _____

Number of Outside Salesmen: _____ Number of Inside Salesmen: _____

Customer Service / Purchasing Contact: _____

Please list 3 trade references.

1. _____
2. _____
3. _____

Please list Bank Information.

Resale #: _____

Bank Name: _____ Bank Phone #: _____

Bank Contact Name: _____ Bank Account #: _____

For RKI Representative Use:

RKI Representative: _____

Target Markets: _____

Type of Distributor? General Specific Market OEM (Original Equipment Manufacturer)

Do they sell any other gas monitoring equipment? Specify. _____

What Territory will they sell in? Specify. _____

Which RKI product lines: Portables Fixed Both Other

Comments: _____
