



Foster US Distributor Application Form

Distributor Information

DISTRIBUTOR NAME:

DATE:

ADDRESS:

CITY:

STATE/PROVINCE:

ZIP CODE:

COUNTRY:

PHONE:

FAX:

EMAIL:

COMPANY WEB ADDRESS:

PRINCIPAL CONTACT NAME AND TITLE:

PRINCIPAL CONTACT'S EMAIL:

NUMBER OF SALES PEOPLE:

PURCHASING CONTACT:

DESCRIPTION OF BUSINESS

TYPE OF BUSINESS:

PRESENT BUSINESS ESTABLISHMENT DATE:

FEDERAL TAX ID:

FORM OF BUSINESS:

STATE OF INCORPORATION:

IF SUBSIDIARY, NAME OF PARENT COMPANY:



REFERENCES AND BANKING INFORMATION

PLEASE LIST BANK INFORMATION:

BANK NAME:

BANK PHONE NUMBER:

BANK CONTACT NAME:

DISTRIBUTION SERVICE

NUMBER OF YEARS IN BUSINESS:

NUMBER OF SALES EMPLOYEES:

ANNUAL REVENUE (SPECIFY CURRENCY):

TERRITORY: