



WHOLESALE DISTRIBUTOR CREDIT APPLICATIONS

Business Name/Address

Name of Business:
Web Site:
Phone Number: Fax Number:
Billing Address:
City: State: Zip:

Company Information

Type of Business: Distributor Retail Years in business:
Type of Industry: Irrigation Plumbing Other (Indicate Industry)
Purchasing Contact Name: Phone Number:
Email Address:
Account Payable Contact Name: Phone Number:
Email Address:

Manufacturing References

Manufacture Name: Manufacture Name:
Phone: Phone:

DAWN INDUSTRIES AUTHORIZED WHOLESALE DISTRIBUTOR CRITERIA

- Actively promote and sell Dawn Industries, Inc. products directly to end-users
Maintain an adequate minimum inventory of Dawn products
Provide feedback on product and customer experience
Maintain good credit standing with Dawn Industries
Keep all Dawn Industries pricing confidential

Terms: 2% 15 Net 30 days from ship date, \$200 minimum order and \$1500 Free Freight

Print Name: Date:

Signature: Date:

Please fax this form along with your credit information to Rochelle Kidd
Fax: 303-295-6604 or Email: rochelle@dawnindustries.com