

**Dealer/Distributor Application for STA-PRO Manufacturing Group**  
 43 South Linden Ave., South San Francisco, CA 94080 650-589-4231 f. 650-589-3981 staprousa.com

**Business Contact Information**

Title: \_\_\_\_\_

Company name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registered company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date business commenced: \_\_\_\_\_

Sole proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

**Business and Credit Information**

Primary business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

How long at current address? \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Type of account: \_\_\_\_\_

Savings  Account number \_\_\_\_\_

Checking  Account number \_\_\_\_\_

Other  Account number \_\_\_\_\_

**Business/dealer references**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of account: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of account: \_\_\_\_\_

**Agreement**

1. All invoices are to be paid 30 days from the date of the invoice. Late invoice will be charged 1.5% per cycle
2. Claims arising from invoices must be made within seven working days.
3. All purchases will be made using an authorized sales representative from your company and not a third party.
4. All purchase made will commence only after Purchase Order has been received.
5. All signage, stampings, marking, labels and stickers will be left on all merchandise and shipping materials to the end user.
6. Sta-Pro products will be properly displayed and made as an option to customers for applicable projects being bid.
7. By submitting this application, you authorize Newdai Corp. to make inquiries into the banking and business/trade references that you have supplied.

**Signatures**

Signatures: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Order Information**

**please choose from the following:**

What best describes your distribution needs:

<input type="checkbox"/> Food Service/Hospitality	<input type="checkbox"/> Defense
<input type="checkbox"/> Pharmaceutical/Biotechnology	<input type="checkbox"/> Research
	<input type="checkbox"/> Transportation

Would you like to be placed on Re-Order for Hot Items?  Yes  No

Will your company require signage or advertising materials?  Yes  No

What best describes your sales team or estimating teams use for viewing cut sheets and or pricing for Sta-Pro

<input type="checkbox"/> From the staprousa web site	<input type="checkbox"/> From a catalog	<input type="checkbox"/> Over the phone confirmed pricing
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