



Distributor Application

U.S. Dealer ☐ International Dealer ☐

Company Name _____	Date Established: _____
Your Name _____ Title _____	Annual Sales \$ _____
Address _____	Federal ID# _____
_____	Resale Certificate # _____
City _____ State _____ Zip Code _____	Please submit a properly completed copy of your resale certificate/s for all states you ship to. Send to: accounting@globescientific.com
Country _____	
Telephone _____ Ext. _____ Fax _____	
E-Mail _____ Website _____	

Ownership/Officers:

President _____	Phone _____	Ext. _____	E-Mail _____
Vice President _____	Phone _____	Ext. _____	E-Mail _____
Chief Financial Officer _____	Phone _____	Ext. _____	E-Mail _____

Important Contacts:

Purchasing _____	Phone _____	Ext. _____	E-Mail _____
Accounts Payable _____	Phone _____	Ext. _____	E-Mail _____
Sales Manager _____	Phone _____	Ext. _____	E-Mail _____
Marketing Manager _____	Phone _____	Ext. _____	E-Mail _____

Primary product line:

Customer base: Distributors ☐ Laboratories ☐ Govt. ☐ Doctors ☐ Hospitals ☐ Industrial ☐ Other ☐

Primary customers served: _____

Geographical area served: _____

List area competitors: _____

Do you currently purchase laboratory plasticware from other suppliers? Yes ☐ No ☐

If yes, what is your annual purchase amount _____

Who are your key suppliers of lab plasticware?

1. _____ 2. _____
3. _____ 4. _____

Globe Scientific products of interest: _____

Anticipated annual purchases of Globe products: _____

Means of promotion: _____

Number of outside sales representatives: _____

Number of inside telemarketers: _____

Signature: _____ **Date:** _____

Please Note: Credit terms may be provided to US/Canadian companies with at least one year of credit history with established companies in the medical, surgical or laboratory industries. A separate credit application is available upon request.

Please provide resale certificates for any state you ship to. If resale certificates are not provided, or completed correctly, your entity will be charged tax.

