



**American Road Products, Inc.
Application for Representation**

Information Request

1. **Name of Company:**

2. **Street / City / State / Zip Code:**

3. **Principal Contact:**

4. **Accounting Contact:**

5. **Contact Information:**

- a. Main Telephone Number:
- b. Main Fax Number:
- c. Phone Number for Principal Contact:
- d. Company Web Site:
- e. Email address for Principal Contact:

6. **Structure of Organization:** () Corporation () Partnership () Sole Proprietor

7. **Date First Organized:**

8. **Federal Employer Identification # (EIN):**

9. **If California Corporation, Resale #:**

10. **Territory Covered:** () Nationwide () Regional, Describe Territory Covered:

11. **Number of Agents/Representatives:**

12. **Client Base:**

Category	Number of Accounts	Annual Sales
Auto Dealerships		\$
Expeditors		\$
Parts Retailers		\$
Other:		\$
Other:		\$

13. **Number of Companies Represented:**

14. Names of Top 5 Companies / Products Represented, ranked by volume and number of years representing each company:

Company	Product	Years	Annual Sales
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____

15. Credit Information:

Company: _____
 Credit Limit/Terms: _____
 Address: _____

 Phone: _____
 Fax: _____
 Contact: _____
 Acct. #: _____

Company: _____
 Credit Limit/Terms: _____
 Address: _____

 Phone: _____
 Fax: _____
 Contact: _____
 Acct. #: _____

Company: _____
 Credit Limit/Terms: _____
 Address: _____

 Phone: _____
 Fax: _____
 Contact: _____
 Acct. #: _____

Company: _____
 Credit Limit/Terms: _____
 Address: _____

 Phone: _____
 Fax: _____
 Contact: _____
 Acct. #: _____

By providing this information you consent to American Road Products, Inc. verifying your credit standing with these sources.

16. Describe your interest in representing American Road Products:

Certified by: _____
Owner/Officer
Title
Date