

# New Distributor Application

Application Date:	Name of Principals or Officers:	
Company Name:		
Street Address:		
Post Office Box:	City, State & Zip Code:	
A/P Contact Name:	A/P Phone & Fax:	
Pipp Payment Terms:		

Sales Tax Exempt Certificate:	Gross Annual Sales: (\$ per year)	Do you advertise? How?
How Long in Business:	Have You Previously Handled Mobile Storage (if yes, which mfg.)?	
Are Your Currently Handling Mobile Storage (if yes, which mfg.)?		

What Market Do Sell?	Where Do you Concentrate Your Efforts? (ex. File System, Architects, Office Furniture, etc.)	
Do you generate sales leads?	Do you have a Showroom?	Expected Mobile Sales: (first year)
List of Major Product Lines:		
How Do you Handle Installation? (own crew, subcontract, union, etc.)		

### CREDIT INFORMATION

Bank:	Account Number:
Bank Address:	Bank Phone Number:
City, State, & Zip Code:	Bank Fax Number:

### Business Reference

Name:	Phone Number:
Address:	Fax Number:
City, State, & Zip Code:	

Name:	Phone Number:
Address:	Fax Number:
City, State, & Zip Code:	

Name:	Phone Number:
Address:	Fax Number:
City, State, & Zip Code:	

The undersigned hereby authorizes contact of the above references and authorizes each of them upon request to release to PIPP MOBILE STORAGE SYSTEMS all credit information relative to the Company listed above that they may have. The Undersigned releases you and the credit reference from any responsibility or liability for the release of such information.