

Please fax or email completed form to Mike Kirby at 419-625-1247 or mkirby@lewcoinc.com

Attn: Mike Kirby, Director of Sales and Marketing

From: _____

Distributor Application

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

E-mail Address _____ Website _____

Years in business _____ Total Sales for the Year _____

Company Officers: President _____

General Manager _____

Financial Officer _____

Sales Manager _____

Does your organization have any conveyor/material handling selling experience? _____

If yes, how many years? _____

Does your organization have an existing conveyor line? _____ If yes, specify the conveyor line? _____

Main type of business: Material Handling OEM Job Shop Installer System Integrator Other _____

What were last year's conveyor purchases? _____

Do you handle your own installations? _____ If yes, explain? _____

Do you have controls and electrical capabilities? _____ If yes, explain? _____

Do you schedule regular sales meetings? _____ If yes, how often? _____

Other principal lines you handle: _____

Territory covered: _____

Branch offices: _____

Sales Personnel: _____

Date: _____ Signed: _____