Polar Products



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Distributor Company Profile Application

Thank you for your interest in becoming a distributor for Polar Products. Please fill out this information as well as the credit application. Fax or email to:

Fax: 330-253-4233; email: polar@polarproducts.com Company Name: _____ Address: ______Country: _____ Phone: _____ Fax: _____ Email: _____ Website: _____ Description of your business: (Will there be a retail store? Will you sell on the web? Do you intend to stock product? Do you intend to drop ship? Do you have sales reps?) Primary contact: _____ Accounts receivable contact: Preferred Method of Payment Requested: ______ Products Interested In: The primary markets you wish to sell our products into (i.e.: Industrial Safety, Medical etc.)