

DISTRIBUTOR APPLICATION



Thank you for your interest in becoming a distributor for Polar Products. Please fill out this information as thoroughly as possible. Fax your completed application to **330.253.4233** or email polar@polarproducts.com.

COMPANY INFORMATION

COMPANY NAME: _____

STREET ADDRESS / SUITE #: _____

CITY / STATE / ZIP: _____

PHONE: _____ EMAIL: _____

WEBSITE: _____

COMPANY DESCRIPTION

Please answer the following questions and include any other helpful information.

- Will you sell in 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? _____

CONTACT INFORMATION

PRIMARY CONTACT: _____

ACCOUNTS RECEIVABLE CONTACT: _____

PREFERRED PAYMENT METHOD: _____

PRODUCTS INTERESTED IN: _____

PRIMARY MARKETS YOU WISH TO SELL OUR PRODUCTS TO (I.E.,: INDUSTRIAL SAFETY, MEDICAL, ETC.):

THANK YOU FOR YOUR INTEREST IN WORKING WITH POLAR PRODUCTS!