



## DISTRIBUTOR APPLICATION

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, POSTAL CODE, COUNTRY \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY, STATE, POSTAL CODE, COUNTRY \_\_\_\_\_

TEL# \_\_\_\_\_ FAX# \_\_\_\_\_

WEBSITE \_\_\_\_\_ EMAIL \_\_\_\_\_

Please circle the indexable carbide lines you represent

DORIAN    ISCAR    INGERSOLL    KENNAMETAL    KOMET    KORLOY    KYOCERA    MITSUBISHI  
SANDVIK    SECO    SUMITOMO    TRIAD    ULTRA-DEX    WALTER    WIDIA

Does your distributorship solicit indexable tool repair?    YES    NO

If yes, who is your current vendor? \_\_\_\_\_ Approximate annual sales \$ \_\_\_\_\_

Are you open to using ToolSaver as your primary vendor for indexable tool repair?    YES    NO

What year was your company established? \_\_\_\_\_

Do you have branch locations?    YES    NO

If yes, where are they located?

Location	Sales Staff-Inside	Sales Staff-Outside
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which location is the home office? \_\_\_\_\_

Presidents Name: \_\_\_\_\_

Sales Manager Contact: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Thank you for your interest in becoming a Versabar® Distributor. We will review your information and get back with you.

**Versabar Tools, LLC**