



Distributor Application

Company Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone 1 _____ **Phone 2** _____

FAX _____

Website _____

Primary Contact _____

Phone _____ **Ext.** _____ **Cell phone** _____

How many coin laundry customers do you service _____

How many locations do you install/retrofit annually _____

Currently classified as Distributor for:

Company _____ **Contact** _____ **Phone** _____

Company _____ **Contact** _____ **Phone** _____

Company _____ **Contact** _____ **Phone** _____

Additional Contacts

Sales Manager _____ **E-Mail** _____

Purchasing Manager _____ **E-Mail** _____

Preliminary Distributor Requirements

- **Agrees to publish prices and advertisements as "List Price" only.**
- **Agrees to annual review and information update.**
- **Understands that WashCard Systems reserves the right to appoint and remove distributors at any time.**
- **Accepts terms as outlined during annual review.**

Authorized Distributor

Signature _____ **Date** _____

Approved By _____ **Date** _____