



Distribution Application

Please type or print.

1. Company Name: _____
2. Contact Name: _____
3. Address: Street _____ PO Box: _____
 City: _____ State/Prov.: _____ Zip/Postal Code: _____
 Country: _____
4. Phone: _____ FAX: _____
 E Mail: _____

5. What are your primary fields of sales activity? (check all appropriate)

Aquaculture	Military	
Bioremediation	Municipal Waste Water	
Decorative Ponds	Petrochemical	
Food Processing	Pulp & Paper	
Golf Courses	Rendering Plants	
Industrial Waste Water	Restaurants & Hospitality Industry	
Institutional	Water Body Restoration & Management	
Other (explain): _____		

6. Form of Organization (check one):
 Sole Proprietorship ___ Partnership ___ Corporation/Limited Company ___
7. Years in business: _____
8. Please list type of products, if any, you manufacture: _____

9. Please list major product Lines and names of other companies you represent:

Company name/Product	City/Country	Annual Sales Volume (\$)

