



Super Can Industries, Inc.
 7007 Bristol Pike (Rt. 13) - Levittown, PA. 19057 USA
 Phone: (215) 945-1075 Fax: (215) 945-7888

Dealer Application Form

Full Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping/Office Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Type of Business: Corporation: _____ Individual: _____ Sole Proprietor _____
 Partnership _____

Years in Business: _____ Years Incorporated: _____ Years at current address: _____

<i>Company Officers or Business Principals</i>	
Name: _____	_____
Title: _____	_____
Name: _____	_____
Title: _____	_____

CREDIT INFORMATION: Credit Limit Requested: _____ D & B Rating: _____

Accounts Payable Manager: _____ Phone Extension: _____

Trade and or Credit Reference List (Must submit at least 3)	
NAME: _____	NAME: _____
NAME: _____	_____
ADDRESS: _____	ADDRESS: _____
ADDRESS: _____	_____
CITY: _____	CITY: _____
CITY: _____	_____
ZIP: _____	ZIP: _____
ZIP: _____	_____
PHONE: _____	PHONE: _____
PHONE: _____	_____
FAX: _____	FAX: _____
FAX: _____	_____
CONTACT: _____	CONTACT: _____
CONTACT: _____	_____



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BANK INFORMATION

Bank Name: _____
 Address: _____
 City: _____ State: _____
 Zip: _____
 Contact Person: _____ Phone #: _____ Fax: _____
 # _____
 Type Accounts: Checking: _____ Money Market: _____ Savings: _____ Line of
 Credit: _____

Number of Inside Sales People _____ Number of Outside Sales People: _____
 Name of Person In Charge of Sales: _____ Title: _____
 _____ % of Industrial Safety Sales _____ % of Fire Department Sales _____ % Other Sales
 Estimated Annual Dollar Volume with Our Company: _____
 Do You Handle a Line Of Self Contained Breathing Apparatus? _____ YES _____ NO

BRANDS CARRIED: _____

PLEASE ATTACH A SEPARATE LIST OF REALISTIC TERRITORIES COVERED BY YOUR COMPANY