

NETPLUS ALLIANCE DISTRIBUTOR APPLICATION

COMPANY NAME _____

Mailing Address _____ Zip _____

Shipping Address _____ Zip _____

City _____ State _____

Phone _____ FAX _____

Web Address _____

NETPLUS PRIMARY CONTACT: _____

(i.e. Who should be listed in our membership list as your company's representative to NETPLUS ALLIANCE)

Title _____ e-mail: _____

COMPANY KEY PERSONNEL:

President _____ e-mail: _____

Marketing Manager _____ e-mail: _____

Sales Manager _____ e-mail: _____

Purchasing Manager _____ e-mail: _____

COMPANY KEY INFORMATION: *(This will be kept confidential and only used in aggregate NETPLUS ALLIANCE totals)*

Date Founded _____ Number of Employees _____ Annual Company Sales \$ _____

Gross Margin _____% Total Inventory \$ _____ Total # of Locations** _____

** To ensure that you receive the proper credit for all your purchases, please list additional branches on page 2.

Member of any other buying groups? Y N

If yes, please list groups: _____

Business Focus:

← Check all that apply →

Customer Types:

Associations:

- Abrasives
- Assemblies
- Bearings
- Commercial Properties
- Construction Supplies
- Contractor Supplies
- Cutting Tools
- Electrical Supplies
- Equipment & Tool Rental
- Fasteners
- Hand & Power Tools
- Hardware
- Hydraulics & Pneumatics
- Industrial (MRO) Supplies
- Instrumentation
- Inventory Management
- Janitorial Supplies

- Kitting
- Machine Shop Supplies
- Material Handling Equipment
- Pipe, Valve & Fittings
- Plumbing & HVAC
- Power Transmission
- Rental
- Roofing Supplies
- Rubber Goods
- Safety Supplies
- Steel Fabrication
- Steel Warehouse
- Surveying
- Waterworks Supply
- Welding Supplies
- Other : Please Specify

- Aerospace Manufacturing
- Agriculture
- Automotive Manufacturing
- Construction—Commercial
- Construction—Residential
- Export
- Facilities Maintenance
- Food Processing
- Governments; Local,State,Federal
- Hospitals/Schools
- Lumber & Forestry
- Machine Shops
- Manufacturing
- Marine
- Metal Working Fabricators
- Military
- Mining
- Oil Field and Petrochemical
- Plumbers & Mechanical Contractors
- Surveyors & Engineers
- Tool & Die Shops
- Utilities

- AMTD
- ASA
- BSA
- FPDA
- GAWDA
- ISA
- MHEDA
- NAED
- NAHAD
- NAW-D
- NFDA
- PTDA
- SEDA
- STAFDA

Do You have:

- Sales Counter Yes No
- On-Line Store Yes No
- Showroom Yes No

NETPLUS ALLIANCE DISTRIBUTOR APPLICATION—PAGE 2

KEY PRODUCT CATEGORIES:

WHICH OF THE FOLLOWING PRODUCT CATEGORIES DOES YOUR COMPANY DISTRIBUTE? (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Abrasives
<input type="checkbox"/> Adhesives & sealants
<input type="checkbox"/> Air handling equipment
<input type="checkbox"/> Anchors
<input type="checkbox"/> Brushes
<input type="checkbox"/> Chain, slings & fittings
<input type="checkbox"/> Chemicals
<input type="checkbox"/> Compressors, sprayers & power washers
<input type="checkbox"/> Cutting tools
<input type="checkbox"/> Electrical equipment & supplies
<input type="checkbox"/> Fasteners
<input type="checkbox"/> Fluid power (hydraulic/pneumatic)
<input type="checkbox"/> Generators
<input type="checkbox"/> Hand tools
<input type="checkbox"/> Hoists & cranes | <input type="checkbox"/> Hose & accessories
<input type="checkbox"/> Hydraulic tools
<input type="checkbox"/> Industrial rubber products
<input type="checkbox"/> Janitorial & sanitation products
<input type="checkbox"/> Ladders
<input type="checkbox"/> Lubricants
<input type="checkbox"/> Machine tools and accessories
<input type="checkbox"/> Material handling equipment
<input type="checkbox"/> Mats & matting
<input type="checkbox"/> Paints, coatings paint supplies
<input type="checkbox"/> Pipe, valves & fittings
<input type="checkbox"/> Pneumatic tools & accessories
<input type="checkbox"/> Power tools
<input type="checkbox"/> Power transmission, bearings, motion control
<input type="checkbox"/> Precision measuring tools | <input type="checkbox"/> Pumps
<input type="checkbox"/> Radios, two-way
<input type="checkbox"/> Rope
<input type="checkbox"/> Safety products
<input type="checkbox"/> Safety wear & gloves
<input type="checkbox"/> Saw blades (bands/hacks/circular)
<input type="checkbox"/> Shelving, racks & shop furniture
<input type="checkbox"/> Shim stock
<input type="checkbox"/> Shovels, rakes, hoes
<input type="checkbox"/> Tapes & film products
<input type="checkbox"/> Tool & die supplies
<input type="checkbox"/> Tool storage & management
<input type="checkbox"/> Torches |
|---|--|---|

BRANCH INFORMATION

*Include the Company Name of the Branch if it is different from the primary company name.
(Attach additional pages if necessary; or, you may submit your own company prepared list.)*

COMPANY NAME: _____

Street _____ **Branch Manager** _____

City _____ **ST** _____ **ZIP** _____

Phone _____ **Fax** _____

COMPANY NAME: _____

Street _____ **Branch Manager** _____

City _____ **ST** _____ **ZIP** _____

Phone _____ **Fax** _____

COMPANY NAME: _____

Street _____ **Branch Manager** _____

City _____ **ST** _____ **ZIP** _____

Phone _____ **Fax** _____

**If accepted we agree to support the products, programs and promotions of the suppliers of
NETPLUS ALLIANCE whenever possible.**

By: _____ **Print Name:** _____

Title _____ **Date:** _____

I was referred to NetPlus by: _____

**Please fax this completed application and copy of your line card to (716)439-4347. We will bill you
for the one-time application fee of \$500 when we send your membership materials.**