



Crown Customer Service  
 Fax#: 1-800-544-2806  
 E-mail: [sales@crow-mats.com](mailto:sales@crow-mats.com)



### New Distributor Set-Up Application

Date: \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Purchasing Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Contact E-Mail \_\_\_\_\_

Check to Receive Special Offers At This E-Mail Address

Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_

Purchase Order Acknowledge Required  Yes Send Via  E-Mail \_\_\_\_\_  
 Not Required  Fax \_\_\_\_\_

Account Payable Contact \_\_\_\_\_ Title \_\_\_\_\_

A/P E-Mail \_\_\_\_\_ A/P Phone \_\_\_\_\_

Invoiced Received By  Yes Send Via  E-Mail \_\_\_\_\_  
*(It is our policy to send invoices via e-mail whenever possible)*  Fax \_\_\_\_\_  
 Regular Mail *(provide address below)*

**Billing/Mailing Address**  
*(Will be used for invoices only if indicated above)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Shipping Address**  
*(If different from above if different than Mailing Address)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***In order to process and complete your application in a timely manner, a copy of your Resale Certificate and Credit References must accompany this completed form. Applications submitted without the Resale Certificate may result in a delay of processing including a delay in production of your order. Thank you for your cooperation in this matter.***

Submitted By (Rep Agency):

**Please Fax or E-mail Completed Application and Resale Certificate to  
 Dianne Witter at [dwitter@crow-mats.com](mailto:dwitter@crow-mats.com) or Fax to 419-332-4180**

***Below This Line- To Be Entered By a Crown Sales Representative***

|   |   |   |   |                                      |
|---|---|---|---|--------------------------------------|
| Market Served                                 | <input type="checkbox"/> Jan/San                  | <input type="checkbox"/> Industrial                                       | <input type="checkbox"/> Food Service   | <input type="checkbox"/> Health Care |
|   | <input type="checkbox"/> Office/Paper             | <input type="checkbox"/> Floor Covering                                   | <input type="checkbox"/> Promotional    | <input type="checkbox"/> Other       |
| Function                                      | <input type="checkbox"/> Dealer/Distributor       | <input type="checkbox"/> Catalog House                                    | <input type="checkbox"/> Re-Distributor | <input type="checkbox"/> Other       |
| Recommended Price Class                       | _____ %   | <i>(If nothing is specified, customer will be set-up at 50% off list)</i> |   |                                      |
| Is the customer a member of any buying group? | <input type="checkbox"/> No                       | <input type="checkbox"/> Yes  | _____ <i>Specify which Buying Group</i> |                                      |
|   | <input type="checkbox"/> Order Attached           |   |   |                                      |
|   | <input type="checkbox"/> Will be Ordering Shortly |   |   |                                      |
|   | <input type="checkbox"/> Future Business          |   |   |                                      |