

## dealer application

Company Name:		PS	PST Exemption #		
Billing Address:					
Shipping Address:(if different than above)					
City:		Prov:	Post	tal:	
Phone #	Fax #		Toll Free #		
E-Mail:	(for customer referrals)  Web Site:				
Type of Dealership Applied for	or:				
CONTACTS Name and Title			Name and Title		
PRODUCTS & SERVICE Custom  Portable  In-Hous	Rentals 🗆 18		now Management〔	□ Storage □	
Would your Sales Team bene	efit from a product dem	no?YES 🗖 NO			
What graphics Platform do y	rou work from? MAC	□ PC □			
What trade shows do typtica	ally attend each year?		TS2 □	Consac 🗖	
Exhbitor Show Fall   E	xhbitor Show Spring	Other			