

NETPLUS ALLIANCE DISTRIBUTOR APPLICATION

COMPANY NAME _____

Business Focus: _____
(How do you describe your business? i.e. tool room supplies; contractor supplies)

Web Address _____ Zip /Postal Code _____

Mailing Address _____

Shipping Address _____

City _____ State / Prov _____

Phone _____ FAX _____

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: _____

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

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

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

Minority Owned? Y N Women Owned? Y N Member of any other groups? Y N

If yes, please list groups: _____

Trade Associations: ISA STAFDA PTDA ASA Other _____

I was referred to NETPLUS by: _____

KEY PRODUCT CATEGORIES

WHICH OF THE FOLLOWING LINES DOES YOUR COMPANY DISTRIBUTE?

- | | | |
|--|--|---|
| <input type="checkbox"/> Abrasives | <input type="checkbox"/> Hoists & cranes | <input type="checkbox"/> Power transmission, bearings, motion control |
| <input type="checkbox"/> Adhesives & Sealants | <input type="checkbox"/> Hose & accessories | <input type="checkbox"/> Precision measuring tools |
| <input type="checkbox"/> Anchors | <input type="checkbox"/> Hydraulic tools | <input type="checkbox"/> Pumps |
| <input type="checkbox"/> Brushes | <input type="checkbox"/> Industrial rubber (hose, sheets) & acc. | <input type="checkbox"/> Safety products |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Janitorial & sanitation products | <input type="checkbox"/> Saw blades (bands/hacks/circular) |
| <input type="checkbox"/> Cutting tools | <input type="checkbox"/> Ladders | <input type="checkbox"/> Shelving, racks & shop furniture |
| <input type="checkbox"/> Electrical cords, cables, etc. | <input type="checkbox"/> Lubricants | <input type="checkbox"/> Shovels, rakes, hoes |
| <input type="checkbox"/> Electrical equipment & supplies | <input type="checkbox"/> Machine tools or powered shop equipment | <input type="checkbox"/> Tapes (electrical/industrial/packaging) |
| <input type="checkbox"/> Fasteners | <input type="checkbox"/> Material handling equipment | <input type="checkbox"/> Tool & die supplies |
| <input type="checkbox"/> Fluid power (hydraulic/pneumatic) | <input type="checkbox"/> Paints, coatings paint supplies | <input type="checkbox"/> Tool boxes |
| <input type="checkbox"/> Generators | <input type="checkbox"/> Pipe, valves & fittings | <input type="checkbox"/> Welding equipment & supplies |
| <input type="checkbox"/> Hand tools | <input type="checkbox"/> Pneumatic tools & acc. | <input type="checkbox"/> Wire rope, slings, chain & fittings |
| | <input type="checkbox"/> Power Tools | |

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

By: _____ Print Name: _____

Title _____ Date: _____

Please fax this completed application and a 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.

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

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BRANCH INFORMATION

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

COMPANY NAME: _____

Street _____ Branch Manager _____

City _____ ST / Prov _____ ZIP / Postal Code _____

Phone _____ Fax _____

COMPANY NAME: _____

Street _____ Branch Manager _____

City _____ ST / Prov _____ ZIP / Postal Code _____

Phone _____ Fax _____

COMPANY NAME: _____

Street _____ Branch Manager _____

City _____ ST / Prov _____ ZIP / Postal Code _____

Phone _____ Fax _____

COMPANY NAME: _____

Street _____ Branch Manager _____

City _____ ST / Prov _____ ZIP / Postal Code _____

Phone _____ Fax _____

Remember . . .

Your one-time application fee of \$500 gets you:

- ✓ Access to a very broad selection of products lines from leading suppliers
- ✓ Product pricing advantages that can help you to realize significant cost savings
- ✓ Rebates that can further improve product line net profitability by 2 to 3 times
- ✓ Further cost savings through our unique suite of Business Service programs
- ✓ Supplier product sourcing tools on our Member's Only website
- ✓ A Product Exchange program that helps you to source out of stock items.