

PHASE-A-MATIC, INC.

APPLICATION FOR PHASE-A-MATIC DISTRIBUTORSHIP

Name Of Company _____ E-mail _____

Billing Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Shipping Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Type Of Business _____ Number Of Employees _____

Resale Number _____

Name Of Parent Company (If Subsidiary) _____

President, Proprietor Or Partner's Name _____

Accounts Payable Contact _____

At Present Location Since (Date) _____ Year Established _____

Is Business Incorporated? _____ If So, Under What State? _____

What Types Of Equipment Do You Sell? List Brand Names, Sizes, Or Models:

Have You Sold Phase Converters Before? Yes _____ No _____

If Yes, What Brands? _____

How Long? _____ Approx. Annual Purchases? _____

Type Of Billing Requested:

_____ Net 30 (**Credit Application Required**), _____ COD, _____ Payment In Advance

Are Purchase Order Numbers Required? Yes _____ No _____

Name Of Authorized Purchasing Agent _____

Signature / Title

Date

**Print this page and fax the completed form to Phase-A-Matic at 1-661-947-8764, or mail to us at: Phase-A-Matic, Inc.,
39360 3rd St. E., Ste. 301, Palmdale, Ca. 93550-3255**