

APW Sales
MEMBER APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:

E-mail:

Contact Name:

Phone:

Phone 2:

Fax:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

COMPANY TYPE

What type of company are you?

Repair Center

Dealer

Reseller

APW Sales never sells your private information to other companies. Your privacy is very important to us.

May we contact you via email regarding Specials or Promotions strictly from our company only?

YES

NO

SIGNATURE(S)

Title:

Title:

Date:

Date:

Thank you for providing this information to us.

Please email or fax this application along with company ID such as W-9 form or other proof of business identification.

Email – info@pwpump.com

Fax – 503-234-0802

We will process your application and contact you within 48 hours of submission. Once processed, we will provide you with valid member login information.

At that time you may proceed to www.apwsales.com and may take advantage of our exclusive discounts available only to commercial entities. We look forward to working together with you!

Sincerely,

APW Sales Team