



Distributor Application

Thank you for your interest in Plastifoam. To apply to become a Plastifoam distributor, please fill out the form below and send it to **Sales Dept., 99 Blaine Street, Manchester, NH 03102** or fax it to **603-644-7157**. Once we review your form, we will be in contact with you.

Company Information

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Web site: _____

Your Company Contacts:

Name: _____ Title or function: _____ E-mail: _____

Name: _____ Title or function: _____ E-mail: _____

Qualifications

What is the nature of your business? _____

What are your annual sales? \$ _____

Who do you sell to? _____

How do you sell it? (Example; direct sales, Internet, etc) _____

How many locations do you have? _____ How many sales people do you employ? _____ Inside ___ Outside ___

How do you distribute it? (Example; your truck, drop-ship, etc) _____

Do you have a minimum order amount for your customers? Yes No What is it? \$ _____

What geographical area (s) do you cover? _____

What other packaging materials or services do you offer? _____

What Plastifoam products are you interested in? _____

Additional information

Please provide any other sales materials, etc., which will help us to understand your business.

Your name _____ Title _____ E-mail _____ Date _____

Flexible Foam Division
99 Blaine St. Manchester, NH 03102
(603) 625-6223 • Fax (603) 644-7157

EPS Foam Division
55 So. Commercial St. Manchester, NH 03101
(603) 641-9814 • Fax (603) 626-4342