



Prospective Reseller Profile / Application

Reseller Information

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____ WebSite _____

Primary Contact _____ Title _____

Years of Business _____ Primary Area of Expertise _____

Number of Salespeople Inside _____ Outside _____

*Primary Territory _____

*Primary Accounts _____

*This information is required.

Other Contacts

President/Owner _____

Sales Manager _____

Inside Contact _____

Accounts Payable/Bookkeeper _____

Primary Products You Represent Now

CMM Accessories & Styli _____ Other Major Lines _____

Fixturing _____ Other Major Lines _____

Other Major Lines _____ Other Major Lines _____



Service & Technical Personnel

(No. of people, products serviced, name brands..)

Qty _____

_____ Mechanical _____

_____ Electrical _____

_____ General Service _____

Would you participate in training at PWMG? Yes _____ No _____

Do you promote at local trade shows? Yes _____ No _____

Will you display PWM Product? _____ And if so, may PWM personnel work trade show with you? _____

Do you plan to stock an AMT Demo Kit? _____

Branch Locations

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____



Comments: _____

OFFICE USE ONLY: _____

Approved by _____ Date _____