

## PATTERSON/HVLS DISTRIBUTOR APPLICATION

### CONTACT/COMPANY INFORMATION

Contact Name:			Title:
Company Name:			FEIN: -
Business Address:			
City:	State:	Country:	ZIP Code:
Phone:	E-Mail Address:		Website:

### COMPANY INFORMATION

Years in Business:	Est. Annual Revenue:
Geographical Markets Served:	
Types of Industries Served: <input type="checkbox"/> Military <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Warehousing <input type="checkbox"/> Design/Build	<input type="checkbox"/> Other (please be specific)
Your Current Product Offering:	

### SIGNATURES

I attest the information contained in this form is accurate at the time of reporting.	
Signature of applicant:	Date:

Thank you for taking the time to complete this distributor application. Please complete the form as accurately as possible and Fax to Albert Howell @ 803.691.4751 or E-mail to [albert@pattersonfan.com](mailto:albert@pattersonfan.com).