



HOOK-FAST SPECIALTIES, Inc.

P.O. BOX 1088, PROVIDENCE, R.I. 02901-1088
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HOOK-FAST DISTRIBUTOR APPLICATION

COMPANY

NAME _____ DATE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TEL.# _____ FAX # _____ FED ID # _____

E-MAIL _____ WEBSITE _____

RESALE PERMIT # _____ TYPE OF BUSINESS _____ YEAR ESTABLISHED _____

SHIPPING ADDRESS (IF DIFFERENT THAN BILLING ADDRESS)

SUBMITTED BY _____

PURCHASING AGENT/CONTACT _____

OWNERS/OFFICERS:

President: _____ Home Address _____

Vice President _____ Home Address _____

Other Officer _____ Home Address _____

DO YOU HAVE A RETAIL STORE? Yes No If Yes, How many locations? _____

WHERE/HOW DID YOU HEAR ABOUT US?

Advertisement If yes, which one? _____

Friend Who? _____

Other Please explain _____

WHAT PRODUCTS ARE YOU INTERESTED IN? Check as many that apply.

- Badges Buckles Emblems
- Name Plates Tie Clasps Feather Weight ID
- Awards Medals Fire Insignia
- Police Insignia Quick Ship Badge Cases
- Price List Other, please specify _____

WHAT IS YOUR ANTICIPATED SALES VOLUME?

Year 1: \$100-\$1000 \$1001-\$5000 Over \$5000

Year 2: \$100-\$1000 \$1001-\$5000 Over \$5000

PLEASE EMAIL, FAX OR MAIL THIS FORM BACK TO US SO WE MAY PROCESS YOUR REQUEST TO BE A DISTRIBUTOR. THANK YOU

SIGNATURE OF OFFICER _____ TITLE _____ DATE _____