



## Sales Representative Application

Date: \_\_\_\_\_

Please complete the form and send to [ken@ctowers.com](mailto:ken@ctowers.com)

fax to (866) 461-6062

<b>Business Name:</b>	
<b>Phone #:</b>	
<b>Fax #:</b>	
<b>Email:</b>	
<b>Address:</b>	
<b>President/General Manager:</b>	
<b>Contact:</b>	
<b>Annual Sales (\$):</b>	
<b>years in business</b>	
<b>Number of sales people:</b>	inside sales:
	outside sales:
<b>Please send a copy of your line card or a link to your web based line card</b>	
<b>What are your current sales territories? (Geographically)</b>	
<b>Are You interested in representing TCTC towers in all locations?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>State:</b> <b>County:</b>	<b>State:</b> <b>County:</b>
<b>State:</b> <b>County:</b>	<b>State:</b> <b>County:</b>

<b>What markets do you cover?</b>	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Hospitals <input type="checkbox"/> Schools / Universities <input type="checkbox"/> Engineering Firms <input type="checkbox"/> Other: _____
<b>Have you ever represented any other cooling tower lines?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>If yes how long did you have the line?</b> <b>From:</b> _____ <b>To:</b> _____	
<b>If yes which cooling tower manufacturer did you represent?</b>	
<b>What most interested you in TCTC?</b>	
<b>Do you supply field service for your products?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>Three Trade References:</b>	
1) Name & Address:	Phone: Fax:
2) Name & Address:	Phone: Fax:
3) Name & Address:	Phone: Fax:
Please fill out, save document, and send as attachment to <a href="mailto:ken@ctowers.com">ken@ctowers.com</a>	