



PIPE TOOLS & VISES  
SINCE 1896

**Reed Manufacturing Company**

1425 West 8<sup>th</sup> Street  
Erie, PA 16502 USA

Tel: 800-666-3691 or 814-452-3691

Fax: 800-456-1697 or 814-455-1697

[www.reedmfgco.com](http://www.reedmfgco.com)

**DISTRIBUTOR PROSPECT FORM  
FOR DISTRIBUTORS IN THE US/CANADA/PUERTO RICO**

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Web Site:** <http://>\_\_\_\_\_

Who are your major customers? (market breakdown as a % of business)

How do you sell? (i.e. quotations, inside/outside salespeople, systems contacts, through a catalog, etc.)

What Reed products will you sell?

**CONFIDENTIAL CREDIT APPLICATION**

We hereby apply for a credit review by Reed Manufacturing. The following information is submitted as a basis for your consideration of our application. We understand that we will be contacted by a Reed Rep, Regional Manager, or Associate regarding the need for any new distributors in our area. This application does not automatically include us in Reed's distribution network.

Firm name \_\_\_\_\_

Type of business \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE CHECK ONE: INDIVIDUAL  PARTNERSHIP  CORPORATION

FEDERAL TAX NO. (FOR CORPORATION) \_\_\_\_\_

DEBTOR'S SOCIAL SECURITY NO. (FOR PARTNERSHIP OR INDIVIDUAL) \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ DATE STARTED \_\_\_\_\_

We expect our monthly credit requirements from Reed to be about \$ \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

**TRADE REFERENCES**

NAME	ADDRESS	CITY, STATE	PHONE#	FAX#

NAME OF BANK \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

**APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY REED INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS: NET 31**

THE INFORMATION PROVIDED ON THIS FORM IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

FIRM NAME \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_

**CURRENT ASSETS:**

Cash on hand and in banks	\$
Accounts Receivable	
Inventory	
Other Current Assets	
<b>TOTAL</b>	<b>\$</b>

**CURRENT LIABILITIES:**

Bank loans payable within a year	\$
Tax obligations due	
Accounts payable	
Other debts due within a year	
<b>TOTAL</b>	<b>\$</b>

**FIXED ASSETS:**

Business equipment	\$
Land used in business	
Buildings used in business	
Other assets	
<b>TOTAL</b>	<b>\$</b>

**INDEBTEDNESS NOT DUE WITHIN A YEAR:**

Chattel mortgages due on merchandise	\$
Chattel mortgages due on other assets	
Real estate mortgages	
Other long term debt	
<b>TOTAL</b>	<b>\$</b>

**NET WORTH** \$ \_\_\_\_\_

Average monthly sales	
% of sales made on credit	
% of sales at retail	
% of sales at wholesale	
% of sales on time payment plan	
Peak season of year	
Date of last inventory	
Profit shown latest U.S. Income Tax Return	

Our firm is financially able to meet any commitments we have made and will pay your invoices according to your terms.

Date \_\_\_\_\_

Title \_\_\_\_\_ Signature \_\_\_\_\_

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Please fax completed form to: 814-455-1697 or 800-456-1697  
Email: [reedsales@reedmfgco.com](mailto:reedsales@reedmfgco.com)

Thank you for your interest in Reed Manufacturing Company.