

Become Our Representative

Name of Business :*	<input type="text"/>	Website :	<input type="text"/>
Street :*	<input type="text"/>	P.O.Box No. :	<input type="text"/>
Country :*	<input type="text"/>	Phone :*	<input type="text"/>
Fax :*	<input type="text"/>	Email :*	<input type="text"/>
Number of Employees :*	<input type="text"/>	Year Established :*	<input type="text"/>
Type Of Bussiness : *	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		

Business Operates From :*

Store Front
 Home
 Own Building
 Trades Show
 Ren-Fairs
 Catelog Company
 Television
 Direct Mail
 Other

Do you provide Customer Service and/or Repairs Services? :*

NoIf,
 Yes Please Describe

Do you attend Regional and/or National Trade Shows to find new vendors? If, yes, please describe: *

Additional Comments and/or Questions :