



Distributor Inquiry Form

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

A/P Contact: _____ Purchasing Contact: _____

Do you use fax or email for purchase orders? Fax Email

Product Interest: Vehicle Equipment Bags

Primary Market(s): Law Enforcement Fire EMS

Industrial Construction Other

Nature of Business: (Retail, Internet, OEM, etc)

of Employees _____ # of Outside Sales Persons _____ # Full Time _____

Annual Sales: \$ _____ # of Yrs in Business: _____

Geographical Area Serviced: _____

Do you have a Retail Store: _____ Warehouse _____ Install Bay _____

Currently hold any Installation or Sales Contracts: _____

Related Industry Lines Carried: _____

Competitive Lines Carried: _____

Please complete this form and fax to us at 704-531-5626.