

Dealer Agreement Information

Yes I am interested in participating in your dealer program. Here is my contact information:

Date: _____

Dealer Name: _____

Address: _____

City, State, ZIP: _____

Primary Contact: _____

Phone: _____ ***FAX:*** _____ ***E-Mail:*** _____

Shipping Address: _____

Additional Contact: _____

Phone: _____ ***FAX:*** _____ ***E-Mail:*** _____

Signature: _____

Thank you for your participation in our dealer program. We look forward to a long and profitable relationship.

John Finn

Sales Manager

612-486-6804 ext. 104 (D)

800-445-6736 (O)

952-303-2186 (C)

john-finn@jjjspecialty.com