



**ULTRASONIC**POWER  
CORPORATION

239 East Stephenson Street  
Freeport, Illinois 61032  
Phone 815-235-6020 Fax 815-232-2150

## ULTRASONIC POWER CORPORATION DISTRIBUTOR INFORMATION FORM

(Please complete as much as possible and return to UPC)

TODAY'S DATE:

NAME OF ORGANIZATION \_\_\_\_\_

YOUR NAME/TITLE/POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

PRIMARY EMAIL ADDRESSES \_\_\_\_\_

WEB SITES \_\_\_\_\_

TYPE OF BUSINESS (Inc., LLC, etc.) \_\_\_\_\_ YEAR FOUNDED \_\_\_\_\_

PRIMARY PRODUCT LINE(S) \_\_\_\_\_

LIST COMPANIES AND PRODUCTS/SERVICES YOU HAVE BEEN A DISTRIBUTOR FOR DURING THE LAST TWO YEARS AND SALES GENERATED FOR THEM (If applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GEOGRAPHICAL TERRITORY SERVED \_\_\_\_\_

NUMBER OF SALES PERSONNEL IN FIELD \_\_\_\_\_ TOTAL STAFF \_\_\_\_\_

ANNUAL GROSS REVENUES FOR YOUR DISTRIBUTORSHIP DURING EACH OF THE LAST TWO CALENDAR YEARS \_\_\_\_\_

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(Please complete as much as possible)

Why do you want to add Ultrasonic Power Corporation to your list of “principals?”

Are you familiar with the ultrasonic cleaning process?

Have you sold similar cleaning equipment previously (for which company or companies)?

Please tell us your business growth plans and marketing strategy?

Do you have a plan to market and sell UPC equipment?

Do you sell via the Internet?

Would you be interested in visiting UPC for a free one day training session?



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**CREDIT REFERENCE**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone / Fax: \_\_\_\_\_

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

Type of Organization:

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

How long in business? \_\_\_\_\_ Years

Items purchased are for: \_\_\_\_\_ Resale \_\_\_\_\_ Retail

If for resale, tax exempt # \_\_\_\_\_, State of \_\_\_\_\_

**TRADE REFERENCES**

(Provide Name, Address, Phone, **Fax**, and Contact)

1.

2.

3.

4.

**BANK REFERENCE**

Bank: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Account # \_\_\_\_\_

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

Authorization to contact bank: \_\_\_\_\_

Signature / Title