

Coway Sales Representatives Application

Company Information

Company Name:

DBA:

Billing Address:

City/State/Postal Code:

Telephone Number:

Fax Number:

E-mail Address:

Mobile Address:

Website URL:

Shipping Address (if Different):

City/State/Postal Code:

Telephone Number:

Fax Number:

Business Type:

Individual

Corporation

Partnership

Others _____

Date of Incorporation (if incorporated) _____

State of Incorporation _____

Federal ID # _____

Business Since: _____ (month) _____ (Year)

Resale Number or Seller' Permit Number _____

Type of Business _____

Contact Person

Owner:		TEL:	
Purchasing	Name:	Title:	TEL:
Shipping	Name:	Title:	TEL:
A/P	Name:	Title:	TEL:

Additional Company Information

Number of Employees: _____

Estimated Annual Sales: _____

Main Products of your Business: _____

Main Brands of your Business: _____

How would you describe your Clients? _____

Applicant Signature: _____

Date: _____

Name: _____

Title: _____