



Company Name

Key Principal Name

Title

Street Address

City

State

Zip

Phone

Fax

Email

Website

Describe service area or territory: _____

Hours of business: M-F _____

Sat _____

Sun _____

Personnel to be trained—

Sales

Customer Service

E-las•tek product(s) to sell (circle all that apply)—

Solar Tek Extreme #120A

Solar Tek SWF #125

Duratex Stucco #323

Solar Mastic #100C

High-Tek Primer #121

Waterproof Emulsion #500

Solar Magic #109A

Crack & Joint Sealant #103

Puddle Plaster #505

Solar Coat #111

Super Seal #105

Fabric

Solar One 6083 #127

Epoxy-Tek Sealant #212

Projected E-las•tek product sales: _____

Monthly

Annually

What is your primary interest in representing E-las•tek products?

What is your plan for marketing E-las•tek products?

Please attach Credit Application & Tax Exempt Certificate form to this document.