



solutions for a healthier working environment

Wholesale Distributor Pre-Qualification Form

Legal Company Name:

Billing Address:

Shipping Address:

Telephone:

Fax:

E-mail:

Type of Business:

How Long In Business:

Sales Territory:

of DSC's:

of Stores:

Sales Contact Name:

Title:

Accounts Payable Contact Name:

Title:

Advertising Contact Name:

Title:

Notes:

Please fill out this form and e-mail or fax it to Tough Guy® International:

T
206.633.2500

F
206.633.2501

W
www.toughguyintl.com

A
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