



Printco Incorporated

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DISTRIBUTOR APPLICATION

LEGAL NAME _____

D.B.A. (Doing Business As) _____

Billing Address _____
Street City State Zip

Delivery Address _____
Street City State Zip

MAIN Telephone # _____ Fax # _____

Cell # (If Applicable) _____ Main E-mail _____ Website _____

How would you prefer to receive acknowledgements? E-mail _____ Fax _____

How would you prefer to receive quote requests? E-mail _____ Fax _____

Contact Information

Owner Name _____ Phone Ext. _____ E-mail _____

Customer Service Personnel

Main Contact

Name _____ Phone Ext. _____ E-mail _____

Name _____ Phone Ext. _____ E-mail _____

Name _____ Phone Ext. _____ E-mail _____

Sales Personnel

Sales Manager

Name _____ Phone Ext. _____ E-mail _____

Name _____ Phone Ext. _____ E-mail _____

Name _____ Phone Ext. _____ E-mail _____

Please check the products and services you currently distribute

- Business Forms Envelopes Commercial Printing Mail Service Digital Solutions
 Stationery List Procurement On Line Solutions

Please check the vertical markets you service

- Healthcare Retail Manufacturing Insurance Entertainment Real Estate
 Banking Utilities Communications Education Travel

Digital Color Printing

Laser & Continuous Forms

Envelopes

Mail Service

On-line Solutions

