

# Distributor Application

(Subject to Approval)

**American Card Products**, 1760 N Ulmer St, Greenwood, AR 72936  
Tel: 479-935-8275

Date: \_\_\_\_\_

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

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

City/State/zip: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Territory desired: \_\_\_\_\_

Product Line(s): All Lines \_\_\_\_\_

Drivers License #: N/A \_\_\_\_\_

## Order Information

Number of Stores: \_\_\_\_\_

Distributor Fee: \$ \_\_\_\_\_

Method of Payment:

Credit Card Number: # \_\_\_\_\_

Circle one: Visa / Mastercard

Cashier's Check: \_\_\_\_\_

**Order Authorization:** \_\_\_\_\_

Applicant Signature Must Go Here

Order Receipt: \_\_\_\_\_  
Sales Representative Amount Received

**Special Provision:**