



PROTECTIVE COATING SYSTEMS

816-A GULICK AVENUE ~ HONOLULU, HI 96819
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DEALER APPLICATION

The following information is provided to determine the applicant's qualification to become a distributor for Duratek. This information will be kept confidential and will be used solely for the purpose previously stated.

Applicant Name: _____ Title _____

Company Name: _____

Address: _____ TELE: _____

_____ FAX: _____

_____ Email: _____

Business Type: [] Corporation [] Partnership [] Sole Prop. Yrs in Business _____

Business Activity: [] Building Material Supplier [] Contractor [] Developer
[] Other Describe _____

Annual Revenue: _____ as of _____ No. of Employees _____

Bank Name: _____ Branch: _____

Bank Contact: _____ Tele No. _____

Check any of the Following that apply to your company:

- [] Retail Space Available for product display
[] Warehouse space available for product storage.
[] Product Orders for Drop Shipment Only

Business References:

Table with 3 columns: Name, Telephone, Address. Three rows of blank lines for input.

Product Order Projections:
First Order _____ units
Monthly Order _____ units

I certify that all of the above statements are true and I hereby submit this application for distributorship. I understand upon approval I will qualify to purchase Duretek products at the distributor pricing levels listed on the Distributor Pricing Page.

Printed Name _____ Signature _____ Date _____