



www.scottevest.com

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phone: 312.654.8570
fax: 208.975.1186

Sales Representative Contact/Data Sheet

**Please complete and
fax back to
208.975.1186**

Date: _____

Principal representative's name: _____ SSN/TX #: _____

Shipping/Business correspondence address: _____

Area code/phone: () - _____ Fax: () - _____ Email: _____

Complete territory covered (by states and/or cities, including "sub-rep" areas, in as much detail as possible): _____

Please list all lines currently represented (use extra sheet if necessary).

	Company	Product Type	Years Represented
Largest line:			
Second line:			
Other line:			
Other line:			
Other line:			

Please provide at least 2 dealer and/or supplier contacts who will offer references:

Name: _____	Company: _____	Phone: () - _____
Name: _____	Company: _____	Phone: () - _____
Name: _____	Company: _____	Phone: () - _____
Name: _____	Company: _____	Phone: () - _____

Associate or "Sub" representative information, if any.

Principal representative's name: _____ SSN/TX #: _____

Shipping/Business correspondence address: _____

Area code/phone: () - _____ Fax: () - _____ Email: _____

Associate's portion of territory: _____

Associate's line portfolio same as listed above? (Y/N) _____ Please note any differences _____

Associate to receive separate samples? (Y?N) _____ Sample invoicing to principal or associate? _____

Associate commissions paid by principal, or directly/separately by supplier? _____

(Please provide same information for any associate or "Sub" representatives on a separate sheet.)