



Synthetic Turf International
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Distributor Application

Company Name: _____

New Company (yes/no) _____ Added service of existing Company (yes/no) _____

Individual Name: _____ D.O.B. _____

If Business Application: Individual % of ownership: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing address if different: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Web Site: _____

Current Occupation / Business: _____

Number of Years: _____ Number of employees _____

Last Years Sales Vol. _____

Territory Requested: _____

Describe previous business or trade experience, affiliation, skills or knowledge that you possess that would help qualify you as a favorable candidate to be an STI distributor:

(Example: Landscape, construction, pool installation, sales, golf industry)

Please list three references, personal and/ or trade references: (Individual's name, Company name, address, phone number)

Briefly describe your marketing plan for advertising and promotion of synthetic turf products in your area:_____

Do you have the equipment or financial means to actively pursue the Synthetic Turf business? Please explain:_____

Do you have a location available at this time to install a Demonstration or Show Green? Yes or No: Describe the location:_____

Identify Territory you believe you can effectively cover (specify counties within your state)_____

When do you anticipate being ready to begin installing greens?_____

Comments:_____

Signature of Applicant:_____ Date:_____

Application Received: (Date)_____ Reviewed by and Date:_____