



Distributor / Dealer Application

If you are interested in becoming an authorized reseller of the energy efficiency refrigerant catalyst IceCOLD® please complete each form field, providing as much detail as possible; then email your completed Application to info@icecoldtech.com

Contact Information	
Name of Incorporated Company	
Location of Company <i>(City & Country)</i>	
Name of the Main Contact Person	
Main Contact Person's Position with Company	
Main Contact Person's E-mail address	
Phone Number(s) <i>(Include Country and Area Codes)</i>	
Fax Number(s) <i>(Include Country and Area Codes)</i>	
Company's Website	
How Did You Hear About IceCOLD®	

Company Profile	
Date of Incorporation	
Type of Business	<input type="checkbox"/> Distributor <input type="checkbox"/> Dealer <input type="checkbox"/> Service Contractor <input type="checkbox"/> Other (Description)
Annual Revenue (Past 3 Years.)	
Number of Employees	
Your Main Target Markets	
Your Company's Strengths	
Cooling Industry Experience	
Do You Have Any Contractual Restrictions	
Describe Your Interest in IceCOLD®	
Scope of Regional Coverage	
Support Needed to Sell/Install IceCOLD®	

Please ensure that all information in your completed Application is accurate. IceCOLD® Technology, LLC, will treat all information provided by Applicants in confidence. Such information will not be shared with third parties, without the express written consent of the Applicant.

Company Name: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____