



## USA SALES REP APPLICATION

Company Name:

Contact Name:

Address:

Tel:

Fax:

Mobile:

Email:

Current Territory:

Territory Requested:

# Years in Business:

# Employees:

# Salesman:

Type of Customers:     Wholesalers                       Retailers  
    Small Distributors                       Repair Shops

### SALES & PRODUCTS EXPERIENCE

Company or Brand Name	Product Line(s)	Annual Volume	# of Years

### TRADE OR BUSINESS REFERENCES

Company Name	Address	Phone & Email

Return To:

**BEX INTERNATIONAL LLC**  
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