

Polly Product Distributors Contacts Form

Distributor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Sales/Orders:

_____	_____	_____
Name	Phone / Ext	Email

_____	_____	_____
Name	Phone / Ext	Email

_____	_____	_____
Name	Phone / Ext	Email

Shipping:

_____	_____	_____
Name	Phone / Ext	Email

Account Payables:

_____	_____	_____
Name	Phone / Ext	Email

_____	_____	_____
Name	Phone / Ext	Email

Merchandising/Product Data:

_____	_____	_____
Name	Phone / Ext	Email

Completed by:

Signature / Printed Name

Date