STONE MACHINERY

Sales Agent Registration Form

To register as a sales agent, print this page, fill in your information, sign the form, and fax.

To: Tom Drazkowski, Stone Machinery (715) 426-7917 FAX

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Sales Agent Page

An asterisk (*) indicates required information.

Information about you (Sales Agent):

*Your Name: _____

Your Company/Organization: _____

*Your Address: _____

*Your City, State, Zip: _____

Your Phone: _____

Your Fax and/or E-mail: _____

Information about the Prospect:

*Prospect's Name: _____

*Prospect's Company/Organization: _____

*Prospect's Address: _____

*Prospect's City, State, Zip: _____

*Prospect's Phone: _____

Prospect's Fax and/or E-mail: _____

*What type of product(s) is the prospect considering? Check all that apply:

☐ Vertical Machining Center ☐ Horizontal Machining Center ☐ CNC Lathe

Questions? Comments? _____

_____

We MUST have your written acknowledgement of these conditions and terms, including your fee expectations, prior to the date of the first price quotation and prior to any negotiations.

Please register me as a Stone Machinery sales agent for the above named prospect.

_____ **Date:** _____

Signature