

Representative and Distributor Requests

ISO 9001:2000 & WBENC Certified

Request for Representation / Distributorship of Storch Magnetics To start your inquiry please fill out and send the following. Information provided is kept confidential between parties! ***Thanks for your Interest!***

Company _____ Div. of _____

Address _____ Suite # _____

City _____ State _____ Zip Code _____

Telephone _____ / _____ - _____ Fax _____ / _____ - _____

Name _____ Title _____ Ext. # _____

Sales Manager: _____

Website if applicable _____

Main E-Mail address _____

How did you become aware of Storch Magnetics? _____

How many sales people within your organization? _____

Brief Company History: Include founding date, legal structure, and any magnet sales experience

Products/Services of Storch Magnetics you would like to represent or distribute?

Magnetic Material Handling & Metalworking Products _____

Magnets, Permanent & Electromagnet Assemblies/Automation _____

Magnetic Separation devices & Equipment/Powder & Bulk Solids _____

Precision Laser Cut Sheet Metal Fabrications _____

If known, what are the organizations you would compete with in representing/distributing Storch Magnetics on: Magnets, Magnetic Components & Magnetic Equipment?

Geographical territory covered? Forward map if available _____

We appreciate your interest and will contact you shortly. Thanks and have a great day!

Todd R. Papora – Sales & Marketing Mgr. PH# 734/591-2200 ext # 22

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