

**EZE-LAP DIAMOND PRODUCTS, INC.**  
3572 Arrowhead Dr. Carson City NV 89706  
P.O. Box 20469 Carson City NV 89721  
Phone(775)888-9500 Fax(775)888-9555

Wholesaler/Dealer Company Profile

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Primary Contact Person \_\_\_\_\_

( ) Corporation\* ( ) Partnership ( ) Sole Proprietorship

\*If a corporation list which state(s) incorporated in \_\_\_\_\_

Date of incorporation \_\_\_\_\_

Social Security or Federal Tax Identification Number \_\_\_\_\_

How many years has the company been in business? \_\_\_\_\_

Years at present location \_\_\_\_\_ Credit application attached ( ) yes ( ) no

\*\*Are you purchasing for ( ) resale OR ( ) for use in your business?

*Key Personnel*

Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____

Total number of field personnel \_\_\_\_\_ Total number of office personnel \_\_\_\_\_

Do you have additional office locations ( ) yes ( ) no

If yes, please list (attach separate sheet if needed)

Primary Contact	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Territory*

List the geographical territory covered & how service (i.e. phone, salesmen, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who are your key account's in each industry?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Facilities*

Do you have warehouse facilities? ( ) yes ( ) no If yes, square footage \_\_\_\_\_  
Please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How often do you do customer mailings? \_\_\_\_\_

How many companies are on your mailing list? \_\_\_\_\_

What is the average size of a typical mailing? \_\_\_\_\_

*Product Lines*

How many lines do you carry? \_\_\_\_\_

How many products does this represent? \_\_\_\_\_

Do you handle products that are competitive with EZE-LAP ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you manufacture products? ( ) Yes ( ) No If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the companies/manufacturers that represent the majority of your sales volume.

Company Name Product(s) Do you carry stock? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach line card if applicable)

Which company represents the largest percentage of your sales volume? \_\_\_\_\_

Information authorized by \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_