

201 Madison Street Saint Louis, MO 63102

Ph: (314) 241-2265 **FAX:** (314) 241-8723 **Ph:** (800) 325-7093 **FAX:** (800) 476-2258

www.vitroseating.com

SALESMAN RECOMMENDATION

| Business Name: | Date: | |
|---|------------------------|--|
| Address: | Phone: | |
| City, State, ZIP: | Fax: | |
| Website: | Email: | |
| Contact: | | |
| Type Of Business: | | |
| Food Service Equipment Dealer | Furniture Dealer | |
| Broadliner | Designer/Architect | |
| Office / Contract | GSA | |
| O.E.M. / Part / Manufacturer | Hotel Supply Company | |
| Chain Account | Internet Sales Company | |
| Residential | Food Service Catalog | |
| Do you have a showroom? Yes No | | |
| Showroom size: | | |
| Vitro Items To Be Featured: | | |
| Anticipated yearly sales with Vitro Seating: _ | | |
| Chain Accounts Only: | | |
| Owner Operator Corporate | | |
| Total Units: F | Planned Openings: | |
| Planned Remodels: | | |
| What items will Vitro have the opportunity to supply: | | |
| | | |

TRADE REFERENCES:

| D : N | , n | |
|---|--------|--|
| Business Name: | Phone: | |
| Address: | Fax: | |
| City, State, ZIP: | Email: | |
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| Business Name: | Phone: | |
| Address: | Fax: | |
| City, State, ZIP: | Email: | |
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| Business Name: | Phone: | |
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| City, State, ZIP: | Email: | |
| Business Name: | Phone: | |
| | | |
| Address: | Fax: | |
| City, State, ZIP: | Email: | |
| Business Name: | Phone: | |
| Address: | Fax: | |
| City, State, ZIP: | Email: | |
| Note: These trade references must be verifiable and can be used as credit references upon separate application for credit. -Must submit copy of Sales Tax Exemption Certificate & Business License- | | |
| Practical distinct copy of dutes rax exemption der tineate a business electise | | |
| Signed: | Date | |
| Signed: | Date: | |
| Title: | | |