

## DEALER APPLICATION FORM — Hall's Safety Equipment

### Section A — Company Information

- Business name: \_\_\_\_\_
- DBA (if different): \_\_\_\_\_
- Address: \_\_\_\_\_
- City / State / ZIP: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Website: \_\_\_\_\_
- Years in business: \_\_\_\_\_ Type of business:  Retail  Distributor  Industrial  
Supplier  Other: \_\_\_\_\_

### Section B — Primary Contact

- Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Phone/mobile: \_\_\_\_\_
- Email: \_\_\_\_\_

### Section C — Sales & Territory

- Primary markets served (check/all that apply):  Electrical utility  Construction   
Industrial  Agricultural  Other: \_\_\_\_\_
- States/territories covered: \_\_\_\_\_
- Estimated annual footwear purchases (last 12 months): \$ \_\_\_\_\_

### Section D — Account Terms Requested

- Account type requested:  Authorized (\$25k/yr)  Preferred (\$50k/yr)  Regional  
(\$100k+/yr)
- Opening order amount planned: \$ \_\_\_\_\_
- Credit terms requested:  Net 30 (requires credit approval)  COD  Credit card for  
first order

Section E — Trade References (three required)

1. Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_
2. Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_
3. Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

Section F — Bank Reference

- Bank name: \_\_\_\_\_
- Contact: \_\_\_\_\_
- Phone: \_\_\_\_\_

Section G — Agreement & Authorization By signing below, applicant certifies that the information provided is true and authorizes Hall’s Safety Equipment to obtain credit reports and trade references. Applicant agrees to Hall’s dealer terms, including Net 30 payment terms if approved, opening order minimums, and program requirements. Hall’s may set credit limits and require COD until credit is established.

- Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Printed name & title: \_\_\_\_\_

For Hall’s Use Only

- Account #: \_\_\_\_\_ Approved  Yes  No Credit Limit: \$ \_\_\_\_\_
- Sales rep: \_\_\_\_\_ Date activated: \_\_\_\_\_
- Notes: \_\_\_\_\_

Submit application to: Hall’s Safety Equipment — Sales Dept.  
Phone: 800.227.4255 | Email: [hallssafety@hallssafety.com](mailto:hallssafety@hallssafety.com)