



DATE: _____

QuickTint Distribution Application

Name of Distributor: _____

Applicant Name: _____

Address: _____

Country(s): _____

Registration Number? _____

Telephone Number: _____

Fax Number: _____

Email: _____

Web-Site? _____

How long in business? _____

Anticipated order amounts: _____

Do you distribute any other lines of goods? _____

If so, what brands? _____

References: _____

Please fax completed form to: QuickTint/USA +845-582-0159

Regards,

Rita Starnella

www.quicktint.net

admin@quicktint.biz

845-664-2609

QuickTint 1795 Darby Street Yorktown Heights, New York 10598 USA