



M.A. Ford Mfg. Co., Inc.
Box 3628, Davenport, IA 52808 U.S.A.
7737 NW Blvd., Davenport, IA 52806
Phone (563) 391-6220

M A Ford Channel Partner Profile Analysis

To be completed by prospect

Company Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email Address: _____ Web Site: _____

Do you authorize M.A. Ford to contact you via email, fax, etc.? Yes No

Email address to send invoices & statements to: _____

Email address to send order acknowledgments to: _____

Email address to send monthly newsletter, new product notifications, price changes, etc. to?

| | Full Name | Email | Phone |
|---------------|-----------|-------|-------|
| Owners: | _____ | _____ | _____ |
| Sales Mgrs.: | _____ | _____ | _____ |
| A/P Contact: | _____ | _____ | _____ |
| Key Contacts: | _____ | _____ | _____ |
| | _____ | _____ | _____ |

Corporate Parent: _____

Number of Locations: _____

Number of Employees: _____

 Inside Sales: _____

 Field Sales: _____

“Where high performance is the standard”

Foreign Partners Only

Do you require Custom's papers sent with foreign shipments? Yes No

Do you require shipment on a specific day of the week or release upon request? (Specify day, i.e. Monday, or 1st Wednesday of month, etc.) _____

Primary Market Areas (By County/State): _____

| Top 5 Manufacturers Represented: | HSS/Carbide? | Stocking? | % of Sales |
|----------------------------------|--------------|-----------|------------|
|----------------------------------|--------------|-----------|------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Would you be /are you stocking M. A. Ford products? _____

Please estimate the potential in dollars for carbide round tooling within your trade market:

Drills: _____

Endmills: _____

Reamers: _____

Special tooling: _____

Countersinks: _____

Burs: _____

Credit Information:

D & B Rating: _____

Tax Exempt Number: _____ State: _____

Bank References:

Name: _____

Phone: _____ Fax #: _____

Address: _____

Bank Officer: _____

Complete the below information or attach separate document with information.

Credit References (Current Supplier Companies) **Fax or Email is required:*

Name: _____

Name: _____

Address: _____

Address: _____

City/State/ Zip: _____

City/State/Zip: _____

Contact: _____

Contact: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Contact: _____

Contact: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Name of person providing the information herein: _____
Signature: _____
Title: _____
Date _____

Please return this form to:
Customer Service Manager
M. A. Ford Mfg. Co., Inc.
7737 Northwest Blvd.
Davenport, Iowa 52806
Email: sales@maford.com

Thank you for supplying us with this information. We will advise you soon of your approval status.