



The leader in feather-lite screens for over 50 years

Dear Healthcare Equipment Provider,

Thank you for your interest in becoming a Presco-Webber equipment dealer. We have been a leader in the medical privacy screen industry for over 50 years and have a solid reputation for our quality products.

This application packet contains everything you need to become a dealer. Once we receive your application, we can typically process your request and extend credit within one or two business days.

Please take a minute to answer the following questions and return with your application and dealer verification forms.

If you have any questions, please contact us and we will be happy to walk you through the application process.

We look forward to doing business with you!

Sincerely,

Brent Tomlinson, President

Please return application materials to:
PRESCO-WEBBER CORPORATION
PO Box 395
Manteo, NC 27954
Phone/Fax: (252) 473-1071
E-mail: presco.webber@gmail.com

Who are your target markets?

- | | | | |
|---|----------------------------------|--|---|
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Clinics | <input type="checkbox"/> Physician Offices | <input type="checkbox"/> Chiropractors |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Schools | <input type="checkbox"/> Institutions | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Other _____ | | | |

How did you hear about Presco-Webber Corporation?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Customer |
| <input type="checkbox"/> Other _____ | |



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Dealer Application

Company Legal Name: _____

Business Structure: Corporation Partnership LLC Other _____

Address: _____

City: _____ ST: _____ ZIP _____

Phone: _____ Fax: _____

Number of years in business: _____

Estimated monthly sales: _____

Primary Contacts

| | Name | Phone | E-Mail |
|--------------------|------|-------|--------|
| Sales Manager | | | |
| President/CEO | | | |
| Purchasing Manager | | | |

Bank or Lender References

| Name | Contact | Phone | E-Mail |
|------|---------|-------|--------|
| | | | |
| | | | |
| | | | |

Trade References

| Name | Contact | Phone | E-Mail |
|------|---------|-------|--------|
| | | | |
| | | | |
| | | | |

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Dealer Verification

Thank you for your interest in Presco-Webber Corporation's products. We look forward to providing you with our quality products. As a manufacturer, we can only sell our products to qualified dealers and/or re-sellers. Please complete this form and mail, fax or email it along with a copy of your license and resale certificate. Upon verification, we will be happy to process your order or credit application.

I certify that: _____
(Dealer Name)

Located at: _____
(Address)

is a valid medical equipment dealer and is licensed to sell medical equipment.

A copy of your license and resale certificate must accompany this form for verification.

Signature: _____

Printed Name: _____ Date: _____

Falsifying any information will result in immediate closure of an established account and a request for immediate payment of any unpaid balances.

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