Triangular Wave Technologies, Inc. 85 Chestnut Ridge Road Montvale, NJ 07645

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Reseller / Distributor Profile

Company:	City:
Contact:	State/Province:
Street Address:	ZIP/Postal:
	Country:
Tel:	 Fax:
E-mail:	Website:
Size of Sales Force / Technical Force: / _	
How did you hear about us?	
What types of markets or vertical industries do you tar	get?
What types of products are you now representing whice	ch are directly related to our types of products (if any)?
Describe any significant success you have had with or	ne or more of the products you represent:
Describe the general marketing techniques you would	normally use to find and follow up your leads for our product
What technical qualifications do you and/or your sales	speople have that relates to selling our products?

To what geographic areas do you market?	
If you would like us to provide options to address any specific Fluid Management or Water Treatment problems that you need to solve at once, please describe below. Please also use this space for any comments or questions you may have.	
Signature:	
Name:	
Title:	
Date:	

Please Fax to: (201) 573-8710

or

send by e-mail to: dgarfinkel@triangularwave.com

Attn: New Accounts