

DEALER APPLICATION



PLOT Inc.

5 SAKURAJIMA, IGAYA-CHO, KARIYA-CITY, AICHI 448-0001 JAPAN

TEL: +81-566-368080 FAX: +81-566-350199

DATE: _____

LEGAL COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

POSTAL/ZIP CODE: _____ COUNTRY: _____

TEL: _____ FAX: _____

OWNER'S NAME: _____

SHIPPING ADDRESS: _____ if different from above

CITY: _____ PROVINCE/STATE: _____

POSTAL/ZIP CODE: _____

TEL: _____ FAX: _____

WEB SITE: _____

E-MAIL: _____

CONTACT PERSON: _____

COMPANY ESTABLISHED: _____ mm/yyyy # OF EMPLOYEES: _____

GROSS ANNUAL SALES: _____

TRADE SUPPLIERS:

1. _____

2. _____

3. _____

***** BANK INFORMATION *****

BANK NAME: _____

BRANCH: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

POSTAL/ZIP CODE: _____ TEL: _____

SWIFT CODE: _____

CORRESPONDENT NAME: _____

ACCOUNT NUMBER: _____