

Andersen Flaps Inc.

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Truck Driver Sales Program Application

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Check if you are an owner operator Check if you are a company driver

Company name: _____

Company address: _____

Phone: () _____

Sales ID : _____

Signature: _____

Date: _____

This offer may expire at anytime without notification. Any expenses occurred in this program are not the responsibility of Andersen Flaps. A W-9 Form must be filled out and returned as you will be considered a sub-contractor and not an employee of Andersen Flaps. Commissions of \$600.00 or more will be reported to the IRS. This offer is good for reorders by a participant for buyers that have already bought from the participant.