



Cleaning Equipment Trade Association

11450 US Hwy 380, Suite 130 #289

Cross Roads, TX 76227

Phone: (800) 441-0111 ■ Fax: (704) 635-7363 ■ info@ceta.org

MEMBER APPLICATION - DISTRIBUTOR

Contact Name: _____ Title: _____

Name of Company: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Web Site: _____

Phone: _____ FAX: _____

CETA Distributor Membership

Annual Membership Investment:

\$395.00

Payment by Check: Payable to CETA, and remit to address above.

Payment by Credit Card:

AMEX

VISA

MasterCard

Card # _____ Exp. _____ CVC# _____ Billing Zip Code: _____

Printed Name of Card Holder _____

Authorized Signature: _____ Date: _____

Membership year runs from Jan. 1st to Dec. 31st.

Brand Names of Products you distribute: _____

Referred By: _____

By submitting this application, I agree to follow the policies of CETA. The rights and privileges of CETA membership are exclusive to members in good standing. Such actions would include, but not limited to, displaying the CETA membership certificate, use of the CETA logo in advertising materials, web site or catalogs, and use of membership benefits.

FOR OFFICE USE ONLY:

Date _____

User ID & PW _____

Payment Processed _____

Member on Website _____

Contact in CC _____

Cleaner Times _____