



Cleaning Equipment Trade Association

409 S Central Expy, Suite 107-205
Anna, TX 75409-4910

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: _____ Mobile: _____

Number of Additional Locations (if applicable) to be listed on the CETA Website: _____

NOTE: CETA Members with multiple locations will be charged for their annual Dues, **plus** an annual premium of **\$50 per additional location**, maximum of \$250.

(Please submit list on a Member Contact Sheet with application with Name, City, State, Zip, and manager of location)

CETA DISTRIBUTOR MEMBERSHIP – ANNUAL INVESTMENT \$395

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

As soon as your membership invoice is paid-in-full, your membership will be activated.

Dues are non-refundable.

Once Application is submitted and approved, you will receive an invoice via QuickBooks at the above email address, or to the following email address (please provide if different): _____

Payment by check: Please make payable to CETA, and mail to the address on the invoice.

Payment by credit card: You will be able to pay directly through QuickBooks' secure site from the invoice you receive.

Brand Names of Products you distribute:

Referred By: _____

Are you a Veteran? Yes _____ No _____

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 Member of CETA logo in advertising materials, web site or catalogs, and use of membership benefits.

FOR OFFICE USE ONLY:

Date: _____	Pymt Processed: _____	Contact in CC: _____	Cleaner Times: _____
Website: _____	ID & PW: _____	Member Contact: _____	PW News: _____
Certificate: _____	Listing G/L: _____	Chart: _____	Referral: _____

Revised 10/2021