



## Kohler® Power PLUS Distributor Annual License Registration Form

**NOTE:** 1. Please type.  
2. Complete all information for the company being registered.

---

### Company Registration Information

---

Company Name	Address	
City	State/Province	Zip Code
Phone No.	Fax. No.	E-mail Address
Contact Name <i>(Please Print)</i>	Date	

---

### Distributor Associate Listing

---

Full Name	E-mail Address	Phone
-----------	----------------	-------

If not working at the main office, please advise appropriate **branch office**:

Please select appropriate user category:

**Administrator** (Authorized to transmit orders to KOHLERnet)  
If administrator, what is your user I.D.: **GN-**

**User** (Cannot transmit orders)

---

Full Name	E-mail Address	Phone
-----------	----------------	-------

If not working at the main office, please advise appropriate **branch office**:

Please select appropriate user category:

**Administrator** (Authorized to transmit orders to KOHLERnet)  
If administrator, what is your user I.D.: **GN-**

**User** (Cannot transmit orders)

---

Full Name	E-mail Address	Phone
-----------	----------------	-------

If not working at the main office, please advise appropriate **branch office**:

Please select appropriate user category:

**Administrator** (Authorized to transmit orders to KOHLERnet)  
If administrator, what is your user I.D.: **GN-**

**User** (Cannot transmit orders)