



**Cleaning Equipment
Trade Association**

P.O. Box 1710
Indian Trail, NC 28079

Phone: (800) 441-0111 ■ (704) 635-7362 ■ Fax: (704) 635-7363

MEMBER APPLICATION - SUPPLIER

Contact Name: _____ Title: _____

Name of Company: _____

Mailing Address: _____

Physical Address: _____

City: _____ State _____ Zip Code _____

E-Mail Address: _____ Web Site: _____

Phone: _____ FAX: _____

CETA Supplier Membership

Annual Membership Investment:

1 Payment
\$930

3 Payments
\$330

Am-Express / Visa / MasterCard available on payment of full memberships ONLY

Card # _____ Exp. _____

Authorized Signature _____

NOTE: Please make all checks payable to CETA.

Products:

Authorized signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date _____

Check # _____

ID # _____

Amount of Check _____