



## 2020 TruSlate® Master Distributor Enrollment Agreement

I understand and meet the qualifications for the TruSlate® Master Distributor certification.

My current participation level is (check one):

- GAF Pro-Grade Master Distributor**  **Not Currently Participating**

### Step 1: Fill Out Application

**Company Information...** Please fill out the information below.

Company Name:		Key Contact:	
		Title:	
Street Address:		City:	
State/Province:		Zip Code/PC:	
Phone:		Fax:	
Email Address:			
Mailing address, if different from street address (i.e. Post Office Box, etc.):			

### Step 2: Dual Commitments and Representations

#### GAF's Commitment:

- Superior Margins...** 10% rebate (EOQ) off of list price on core TruSlate® premium roofing purchases (Field and Trim Slate, Underblock™ UV & Moisture Barrier, TruGrip™ Battens & Hangers, and TruSlate® Stainless Steel Ring Shank Coil Nails) while distributor is active in the Master Distributor Program). *GAF reserves the right to decline the discount if direct ship order is considered out of this branch location's market area.*
- Specification Leads...** generated by Architectural Information Services (AIS) and the GAF Sales Team.
- Limited Certification...** only distribution branch locations that commit significant resources to supporting TruSlate® premium roofing system **will be able to join this exclusive program.**
- Discount Samples...** \$50.00 discount on TruSlate® Display Kit
- Alliance Benefits ...** mutually beneficial marketing activities, including but not limited to, joint sales calls on contractors, specifiers, and property owners.

#### Commitment: "It's About Time – Not Inventory"

<b>Weekly Reviews – Accomplishments</b>	Who: How: When:
<b>In Stock – On Hand</b>  Reviewed Quarterly	<b>1 Pallet:</b> Deck-Armor™ Premium Breathable Roof Deck Protection <b>10 Boxes Each:</b> TruGrip™ Battens and Hangers, TruSlate® Ridge Vent, UnderBlock™ UV & Moisture Barrier, and TruSlate® Stainless Steel Ring Shank Coil Nails <b>One Pack:</b> Lay-Straight™ Alignment Tape <b>Adequate Supply:</b> Stainless Steel fasteners; Copper Flashing (Valleys, Eaves, Rakes; Chimney Etc.)

<b>Project Identification</b> – Market Area	_____ <i>Miles Radius Of Branch</i>		
	_____ <i>-Or- See attached list</i>		
Pull Permits – All Residential Over \$1 Million Plus Churches, Government, Etc.	<i>Or</i>		
	<i>Markets Targeted – City/ Towns:</i>		
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

GAF and the applicant for the TruSlate® Master Distributor Program also agree to complete the attached mutually beneficial TruSlate® Master Distributor Business Development Action Plan. In addition, both parties agree to quarterly progress and performance reviews.

**Term and Termination**

This Agreement shall be in effect for a term of one (1) year from the date on which this Agreement is fully executed and delivered by all signatories and parties hereto; provided, however, that GAF may terminate this Agreement (a) if you fail to meet any of your obligations set forth herein within twenty (20) days after receiving written notice of such failure from GAF or (b) immediately if you are no longer a Pro-Grade Master Distributor.

**Step 3: Sign**

**Authorization/Certification...**

To the best of my knowledge, all of the information in this application is true. I agree to meet or exceed all of the requirements above in addition to the Pro-Grade Master Distributor requirements. I give GAF permission to utilize the references I have provided to be used in evaluation of my application with this GAF program. I authorize GAF to contact us periodically by either email or fax.

Distributor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

As a GAF representative, I verify to the best of my ability that the information provided on this form is accurate and truthful. I also confirm to the best of my ability that this distributor has met or will meet all the criteria detailed in this application.

GAF Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

GAF Representative Name (print) \_\_\_\_\_

Final Approval - Corporate HQ (Parsippany, NJ) \_\_\_\_\_

*A GAF Corporate Representative must approve all applications*  
GAF reserves the right in its sole discretion to accept or reject this application to become a GAF TruSlate® Master Distributor. This Agreement shall be of no force and effect unless and until it is executed and delivered by all of the parties required to be signatories here to.

**Step 4: FAX to CCP: 973-628-3799**

**Step 5: E-MAIL COPY to Pricing Ops: [PricingOps@gaf.com](mailto:PricingOps@gaf.com) to ensure proper EOQ setup**