

METER	Group,	Inc.	USA
Exhibit	Α		

Address		City	
Prov/State	Postal/Zip	Phone	
Date Company Started		DUNS	
Personal Informatio	n (If company has been in business le	ess than 1 year, complete the personal information on owner/principal	
Name			
Address		City	
Prov/State	Postal/Zip	Phone	
Distributor or Resel	ler		
Distributor or Resel Discount Amount	ler	Expiration Date	
		Expiration Date	

Authorized Officer		
Signature of Authorized Officer	Date	
Printed Name	Title	

Date

Title

METER Rep Signature	
Printed Name	