DEALER APPLICATION



COMPANY NAME					
COMPANY ADDRESS _					
				ZIP	
PHONE		FAX			
RESALE #		NUMBER OF SHOWROOMS			
WEBSITE		EMAIL			
OWNER NAME		EMAIL			
SHOWROOM MANAGER		EMAIL			
UPS OR FEDEX SHIPPER #		LTL PREFERRED CARRIER & #			
I would like my PO CONF	FIRMATION sent to:				
NAME		EMAIL			
I would like my INVOICE	S & STATEMENTS sent to:				
NAME		EMAIL			
Number of Full Time Em	tell us what makes you great ployees What's oduct(s) in Showroom	your favorite product?			
Size of Display Area in S	howroom (sq. ft)		Gross Annual Sales		
	# of Years at this Lo				
PRODUCTS SOLD: Rank 1 to 5 (1 = Largest grossing Product)		PRIMARY CUSTOMERS: Rank 1 to 5			
Tile	Fabricating	Home Owners	Contractors	Interior Designers	
Wood Flooring	Lighting	Tile Installers	Architects	Other:	
Carpet	Installation	We're super social are you?			
Slabs	Installation Materials	Facebook	Instagram	Other:	
Fixtures/Plumbing	Other:	Twitter	Pinterest		
Accessories					