

# Dealer Application Form



**ALL QUESTIONS MUST BE ANSWERED IN ORDER TO PROCESS YOUR APPLICATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ www.: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Locations: \_\_\_\_\_

Do you sell directly to commercial-users?  Yes  No

Where do you sell your products? (cities etc)

Do you sell through distribution?  Yes  No

What products are you interested in ordering?

**U80 HUMIDIFIER**

**DEmaster CMH FIXTURE**

**PureLux CMH BULBS**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_