



## NEW DEALER APPLICATION

Please email the following form along with  
a resale certificate, a copy of your business license,  
a tax exemption certificate ( if any )  
and submit it to:

**[info@artscape-inc.com](mailto:info@artscape-inc.com)**

Please note that your application will not be considered  
if there is failure to provide the requested documentation.

If you have any questions please call us at : **877 729 0708**

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PLEASE FILL OUT FIELDS BELOW



BUSINESS OWNER NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

COMPANY WEBSITE ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

BUSINESS LICENSE \_\_\_\_\_

TAX ID# \_\_\_\_\_

PLEASE LIST THE PRODUCTS THAT YOU SERVICE/SELL : \_\_\_\_\_

PLEASE PROVIDE A SHORT DESCRIPTION ABOUT YOUR COMPANY : \_\_\_\_\_

HOW DID YOU HEAR ABOUT ARTSCAPE? \_\_\_\_\_

WHAT MARKET DO YOU SERVICE? WHAT IS YOUR GEOGRAPHICAL REACH? \_\_\_\_\_

ANNUAL SALES VOLUME : \_\_\_\_\_