

ARTSCAPE[®]

WINDOW FILM DESIGN

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

Please note that your application will not be considered
if all requested information and application are incomplete.

If you have any questions please call us at : [877 729 0708](tel:8777290708)

NEW DEALER APPLICATION

Please fill out the fields below.



BUSINESS OWNER NAME _____
[Empty text box]

BUSINESS NAME _____
[Empty text box]

TELEPHONE NUMBER _____
[Empty text box]

EMAIL ADDRESS _____
[Empty text box]

TYPE OF BUSINESS _____
[Empty text box]

YEARS IN BUSINESS _____
[Empty text box]

COMPANY WEBSITE ADDRESS _____
[Empty text box]

PHYSICAL ADDRESS _____
[Empty text box]

BUSINESS LICENSE _____
[Empty text box]

TAX ID# _____
[Empty text box]

PLEASE LIST THE PRODUCTS THAT YOU SERVICE/SELL : _____
[Empty text box]

PLEASE PROVIDE A SHORT DESCRIPTION ABOUT YOUR COMPANY : _____
[Empty text box]

HOW DID YOU HEAR ABOUT ARTSCAPE? _____
[Empty text box]

WHAT MARKET DO YOU SERVICE? WHAT IS YOUR GEOGRAPHICAL REACH? _____
[Empty text box]

ANNUAL SALES VOLUME : _____
[Empty text box]