



## DEALER APPLICATION

Company name:

Address:

City: State: Zip Code:

Purchasing Contact:

Phone Number: Ext: Fax:

Email:

Website:

Federal Tax ID:

Type Of Business: (Partnership, Sole Ownership, Corporation, LLC, Etc. \_\_\_\_\_)

Number Of Years In Business:

Incorporated Year:

Company Principals

Name:

Title:

Phone:

Address:

Tell us a little about your business type and customers:

Number Of Employees:

Number Of Sales Representatives:

Type Of Product Sold:

Brand Names You Now Carry:

Do You Have A Showroom:

Number Of Showrooms:

Sq. Ft. (each):

Yearly Sales Volume

(0 - 100,000) (\$100,000 - \$250,000) (\$250,000 - \$500,000) (\$500,000 - 1M)  
Above \$1M

How Did You Hear About Us?

**Fill out this form and Email To:**

Phone: (408) 763-5699

Email: sales@sumerain.com