



EGP® Dealer Application

Please complete the form as thoroughly as possible. We must have your company's information to be accepted as a dealer. If any of the items below are missing, your application will not be processed. We are excited to be adding dealers/distributors to our quickly growing team!

Date: _____

Applicant's Name: _____

Legal Entity Name: _____ Industry: _____ (Optional)

Phone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Circle One (Yes/No)

Sole Proprietorship (Yes/No) Partnership (Yes/No) Corporation (Yes/No) Other: _____

State Incorporated In: _____ Years in business: _____

Names of owners/partners

1. _____ Contact Number: _____

2. _____ Contact Number: _____

3. _____ Contact Number: _____

Are you a dealer for any other branded products? If so, please name at least three with contact information.

1. _____

2. _____

3. _____

Required Federal EIN Number (U.S.): _____

Required GST Number (Canada): _____

Required Sales State Tax Number: _____



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Please place a check mark if applicable

- The applicant is in a commercial location of business. (Store Front: Yes/no)
- Applicant's location has semi-truck and trailer access or can access semi friendly locations.
- The applicant wants digital marketing to help direct regional sales traffic.
- Applicant wants in-store advertising and information pamphlets of EGP® Products.
- The applicant has a dedicated business phone with someone answering in the name of the business.
- Applicant company is open during business hours at least 40 hours a week.
- The applicant has access and is friendly with local auto body shops.
- E Glass Industries has a distributor near you (100-300 miles).
- Applicant has storage space for inventory

Please answer the following questions honestly.

Do you plan to order in bulk quantities?

Do you plan to purchase with a credit/debit card or by Net (30)? Net 30 will require another form.

Do you plan to resell, install, or both?

Why do you want to be a dealer for EGP®?

When does your company plan to make its first purchase?

Thank you for filling out our dealer application. Please allow 3-5 business days for us to process your form; we will be contacting you shortly. If you have any questions, please feel free to contact us by phone or email.

Person of Contact Name: _____

Title: _____

Date: _____

Signature: _____