

Distributor/Reseller Program Application

Please complete and return this form along with your
 Reseller Certificate or Business License to: **sales@step1dezigns.com**
 or by Fax: **949.270.0253**

Business Information	
Business Name :	
First Name :	Last Name :
Billing Address :	
Shipping Address :	
Title :	Phone Number :
Email Address :	Website Address :

Questionnaire
1. Have you worked with LED Lighting systems before?
2. What is your business type: <i>Installer</i> <i>Specifier</i> <i>Designer</i> <i>Contractor</i> <i>Other</i> _____
3. What is your average order quantity (in units)?
4. What is the average project cost in dollars that you perform?
5. How many projects does your company undertake on a yearly basis?
6. What type of projects does your company undertake? <i>Trade Shows</i> <i>Residential</i> <i>Commercial</i> <i>Retail</i> <i>Hospitality</i> <i>Entertainment</i> <i>Other</i> _____
7. What types of LED products is your company interested in?

My company agrees to be bound by Step 1 Dezigns **Terms and Conditions** which I have read.

Signature _____ Date _____