

WHOLESALE APPLICATION

Company Name:		
Address:		
In Business Since:		
Type of Business:	Construction	
(please check one)	InstallationsOther, please specify:	
Owner/Manager:		
Accounts Payable Contact Name:		
Telephone:		
Email:		
Business / Tax ID (REQUIRED):		
Does your business have a qualified:	C Electrician	
(Please check all that apply)	Gas fitter LPG/NG○ Plumber	
	Other, please specify:	
What products are you interested in:	O Solar/wind	Tankless water heaters
(Please check all that apply)	Appliances	Off-grid lighting solutions
	O Batteries O Generators	Permanent propane heatersOff-grid toilets
	Other, please specify:	O o,, g.m. conces
Date:		
Signature:		

To avoid any delayed in setting up your account, please ensure this form is completed in full, signed, dated and returned to sales@thecabindepot.com. Applications that meet our guidelines will receive a reply within 48 hours.

For any questions please call 1-844-603-4743