

BRAND REPRESENTATION APPLICATION



Sales Rep: _____

Date: _____

COMPANY

Legal Name of Company to be Billed: _____

DBA/Trade Name, if different than above: _____

Billing Address: _____

Store Address: _____

Loading dock available: Yes No Warehouse has staff or tool available to unload: Yes No

Hours of operation: _____ Phone Number (Include Area Code): _____ Email Address: _____

TYPE OF ORGANIZATION:

Sole-Proprietorship Partnership Limited Partnership Corporation - State Incorporated In:

Name of Parent Company (if applicable): _____

Fiscal Y-E: _____ Date Business Established: _____ Federal ID Number: _____

PLEASE RETURN APPLICATION WITH A COPY OF YOUR W-9

CONTACTS

Principal Owner Contact: _____
Name: _____ Email _____ Phone Number _____

Financial Contact: _____
Name: _____ Email _____ Phone Number _____

A/P Contact: _____
Name: _____ Email _____ Phone Number _____

Purchasing Contact: _____
Name: _____ Email _____ Phone Number _____

PLEASE RETURN MOST RECENT YEAR-END FINANCIAL STATEMENT INCLUDING BALANCE SHEET, INCOME AND CASH FLOW STATEMENTS.

REFERENCES

Interested in servicing following location: _____

Currently showing which wood flooring brands: _____

Company Name Address Contact Name Phone Number

Company Name Address Contact Name Phone Number

Bank and Acc Number Address Contact Name Phone Number

TAX EXEMPTION CERTIFICATE(S)

Will purchases be exempt? YES NO If exempt, a state approved tax exemption certificate(s) must be provided for each

Date Printed Name Title Signature