

DEALER APPLICATION FORM

BUSINESS INFORMATION	
Business Name:	
Business Registration No.:	
Name of Owner:	
Address:	
Delivery Address (if different)	
Tel No:	
Social Media accounts (Facebook, Instagram, Twitter, etc):	
Website:	
E-mail:	
Year Started:	
Business Structure:	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Installation Workplace <input type="checkbox"/> Mail Order <input type="checkbox"/> Internet Sales <input type="checkbox"/> Other _____
Number of Employees:	
CONTACT PERSON / BUSINESS REPRESENTATIVE INFORMATION	
Name:	
Position:	
E-mail:	
Tel No:	
Mobile Phone:	