

Dealer Application

Company Information

Company Name
DBA
Website
Years in Business
Annual Sales
Number of Employees
Estimated Annual Purchase of Products from The Light Source

Billing Address

Company Name (If Different from Company Information)		
Address Line 1	Address Line 2	
City	State	Zip Code

E-Mail Address for Invoices

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Shipping Address

Company Name (If Different from Company Information)		
Address Line 1	Address Line 2	
City	State	Zip Code

Please provide a copy of your Retail License and a valid Sales Tax Exemption Certificate.

Contacts

Position Owner	
Name	
E-Mail	
Office Phone	Cell Phone

Position Accounts Payable	
Name	
E-Mail	
Office Phone	Cell Phone

Position Sales Manager	
Name	
E-Mail	
Office Phone	Cell Phone

Position Purchasing Agent	
Name	
E-Mail	
Office Phone	Cell Phone

Position	
Name	
E-Mail	
Office Phone	Cell Phone

Signature _____ Date _____

Printed Name _____

Title _____