

**PERFECT SPACES CLOSETS / WAREHOUSE DISTRIBUTORS USA - DEALER APPLICATION FORM**

Warehouse Distributors USA utilizes this reseller application in determining the capabilities of your organization and your ability to successfully market and support Warehouse Distributors USA products. If you have questions about the application don't hesitate to contact us. Return your application to us by Fax: 803-728-6665

**GENERAL INFORMATION**

Please send me a sample kit     Please contact me about an in store display

Who is your sales rep? \_\_\_\_\_

Company Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email(s): \_\_\_\_\_

\*Please include all email addresses to be included by CC: in communications

EIN# \_\_\_\_\_ Resale Certificate# \_\_\_\_\_

Shipping address: \_\_\_\_\_

Does the above address have a **loading dock**?  Yes  No

Does the above address have a **forklift**?  Yes  No

**AUTHORIZED USERS/DESIGNERS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Retail     Retailer (without showroom)     Distributor     Contractor     Interior Designer     Builder/Developer

Other: \_\_\_\_\_

How did you hear about us?

Sales Rep     Referral     Website     Magazine     Email     Mail     Other: \_\_\_\_\_

**Please provide the following information about top 2 product lines you are currently selling.**

Company Name: \_\_\_\_\_ Products Sold: \_\_\_\_\_

Years selling their products: \_\_\_\_\_ Sales in last 3 months: \_\_\_\_\_

Company Name: \_\_\_\_\_ Products Sold: \_\_\_\_\_

Years selling their products: \_\_\_\_\_ Sales in last 3 months: \_\_\_\_\_

**Please FAX back to Warehouse Distributors USA: 803-728-6665**