

DEALER APPLICATION

BUSINESS CONTACT INFORMATION

Company name:

D&B number:

Phone:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Number of employee(s):

OWNER

Name:

Position:

Years with Company:

Social Security Number:

OFFICERS/MANAGERS

Name:

Position:

Years with Company:

Hire Date (Month/Year):

BUSINESS INFORMATION

Type of business: Sole Proprietorship Joint Venture Government/Non-Profit Partnership Corporation

Type of labor (select all): Open Shop Union Shop

Type of location (select all): Retail Office Warehouse Other, specify:

Square footage of location:

Do you belong to any industry associations? Yes No

If yes, please list:

Do you attend any tradeshows? Yes No

If yes, please list:

Do you want to be a displaying dealer? Yes No

SATELLITE LOCATIONS

Do you have satellite locations? Yes No (if yes, fill out location details)

Will your satellite locations be Solar Innovations® dealers? Yes No

Location:

Square Footage:

Hours of Operation:

SHOWROOM

Do you have showroom(s)? Yes No If not, do you plan on adding one? Yes No

Location:

Square Footage:

Hours of Operation:

PRODUCTS

What products would you like to represent? (select all)

Folding Walls Stacking Walls Windows Doors Skylights
 Sliding Doors Greenhouses Structures Curtain Walls

What Solar Innovations® products would you like to display? (select all)

Folding Walls Stacking Walls Windows Doors Skylights
 Sliding Doors Greenhouses Structures Curtain Walls

Please detail any previous experience with doors, windows, greenhouses, glass structures, skylights, or other sloped glazing:

Are you interested in using our quoting tool, SolarBuild? Yes No

SALES INFORMATION

Gross annual sales:

Number of sales personnel:

Average length of employment:

What is your primary market?

Commercial Residential General Contractors Architects Homeowners Other
If Other, please explain further:

What are your niche products?

Do you compete with glaziers (glass shops/glazing contractors)? Yes No

Who are your biggest competitors?

How many Solar Innovations® projects do you anticipate selling over the next year?

What is your anticipated annual sales volume/goals with our products?

After one year: Under \$100,000 Under \$250,000 \$250,000-\$500,000 Over \$500,000

After three years: Under \$100,000 Under \$250,000 \$250,000-\$500,000 Over \$500,000

After five years: Under \$100,000 Under \$250,000 \$250,000-\$500,000 Over \$500,000

What, if any, advertising methods do you currently use?

What products do you currently advertise?

How do you promote your manufacturer(s)?

What door and window manufacturer(s) do you currently represent (Please specify if displayed)?

What glass enclosure, skylight or home building product manufacturers do you currently represent (Please specify if displayed)?

Are you currently in litigation? Yes No

If yes, please attach a letter of explanation.

Please state the sales area you are applying for, specifying the area by ZIP Codes or geographical boundaries:

INSTALLATION & SERVICE INFORMATION

Do you use employees for installation? Yes No

Do you use employees for service work? Yes No

If yes, how many years of install/service experience do they have?

Do you use subcontractors for installation? Yes No

Do you use subcontractors for service work? Yes No

If yes, please list subcontractors and years of install/service experience:

Do you have the necessary licenses, permits, insurances, etc. required to sell and perform installations in your desired territory?

Yes No

Have any of your installation employees/subcontractors installed doors and windows, conservatories, greenhouses, skylights?

Yes No

PROJECT REFERENCES

Project name:	City/State:	Contact/Phone number:	Cost/Completion date:

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:	Past 12 Month Purchase Amount:		

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:	Past 12 Month Purchase Amount:		

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:	Past 12 Month Purchase Amount:		

AGREEMENT

By submitting this application, you authorize Solar Innovations® to do a credit check, as well as make inquiries to the banking and business/trade references that you have supplied.

DOCUMENTS TO RETURN TO SOLAR INNOVATIONS®

<input type="checkbox"/> Dealer Application
<input type="checkbox"/> Completed W-9 Form
<input type="checkbox"/> Certificate of Insurance (please attach current certificate of insurance)
Note: the certificate must reflect at least \$1M in liability coverage (including products and completed operations coverages)

SIGNATURE

Signature:	Date:

FOR SOLAR INNOVATIONS® OFFICE USE ONLY

Credit Department Approval:	
Maximum Credit Line:	
Approved by:	Date:
Payment terms:	