

## **New Dealer Request Form**

Dealer Name:	Date:
DBA:	_
Website URL:	
Contact:	Email:
Billing Address:	
City: State:	Zip Code:
Ship to Address:	
City: State:	Zip Code:
Phone: Fax:	
Dealer Entity: Corporation ☐ Partnership ☐ 5	Sole Proprietorship $\square$ How Many Locations
Type: Custom Installer ☐ Specialty Retailer ☐	]
Market Segment's Covered (% should add up to Production Builders% Custom Builders	
Current Brands: Audio:	
Video:	
Speaker:	
Control:	
Other's:	<del>-</del>
Product Categories Installed: Audio Video I	Lighting Control Security
Facility Where Account is Located: Office/B	usiness Park Retail Store Design Center Other
If "other' please describe:	
# of Installers: # of Trucks/Vans: _	Avg Target Install (in \$\$)
Volume/Forecast  Company sales volume last calendar year:  How Many Installations performed in avg. mo	nth?