

NEW DEALER APPLICATION FORM



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CA. Resale #:

YES NO If Yes, Must Attach.

Facilities:

OWN LEASE Year in operation.

BUSINESS INFORMATION

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

DIRECT PHONE:

EMAIL:

CONTACT:

ACCOUNT PAYABLE EMAIL:

DATE INCORPORATED:

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

FEDERAL I.D. NUMBER:

TRADE REFERENCES

Name:

Telephone:

Address:

Fax:

Name:

Telephone:

Address:

Fax:

Name:

Telephone:

Address:

Fax:

QUESTIONNAIRE

How many years have you been in the business?

Annual number of jobs completed?

Annual sales volume?

Do you have a showroom? YES NO

How many employees?

Markets served (choose at least one)

- RESIDENTIAL
- COMMERCIAL
- HOSPITALITY
- GOVERNMENT
- RETAIL
- OTHER

I currently sell the following lighting control systems:

- CONTROL4
- CRESTRON
- LIGHTTOUCH
- LEVITON
- LUTRON
- VANTAGE
- NONE OF THE ABOVE

I am interested in selling (choose at least one)

- AUTOMATION
- LED LIGHTING
- ENERGY STORAGE

I currently sell LED lighting

- YES, (which one?) _____
- NO