



Dealer Application

Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Federal ID _____ (Tax Resale Certificate)

Email : _____ Web Site: _____

Do you have a showroom? Y N

How many designers on staff? _____

Do you feel like a showroom display would help you sell our product? Y N

What design software do you use? _____

Define your geographical territory

What product lines do you sell?

Trade References:

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Authorized Signature: _____

Title: _____ **Date:** _____

By signing this application you are verifying that you have read and understood Kessick's terms and agreements.