



## Dealer Application

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR TAX RESALE CERTIFICATE**

Email : \_\_\_\_\_ Web Site: \_\_\_\_\_

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

How many designers on staff? \_\_\_\_\_

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: \_\_\_\_\_

**By signing this application you are acknowledging you have read and understood Kessick's ' terms and agreements' and will abide by the non-disclosure contract: Kessick Wine Cellar's catalog, pricing, order form and website passwords are the property of Kessick LLC and are not to be copied or distributed without permission.**

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Please return either fax or email; [Karen.Torbett@Kessick.com](mailto:Karen.Torbett@Kessick.com) 864-297-1944 Fax #