

DEALERSHIP APPLICATION

Company Name: _____ Resale # _____

Shipping Address: _____

Bill to Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____ Cell # _____

Email: _____ Website: _____

Owner's Name: _____ Buyer's Name: _____

TYPE OF BUSINESS:

Sole Owner

Partnership

Corporation

Part of Franchise

How Long In Business: _____ At This Location: _____

No. Employees: _____ Annual Gross Sales: _____ Square Feet: _____

What Products Do You Carry:

1) _____ 2) _____

3) _____ 4) _____

Briefly Describe Your Business: _____

Name Some Of Your Major Suppliers:

1) _____ 2) _____

3) _____ 4) _____

INTERNET/MAIL ORDER SALES (Please review the Terms & Conditions section of this application.)

Do You Intend To Sell On The Internet? *(Yes or No)* _____ Via Mail Order? *(Yes or No)* _____

If yes, what is the URL of your internet site? _____

If yes, what is the name of your Mail Order business? _____

IMPORTANT: A PHOTO OF YOUR STORE AND A PHOTO OF YOUR SHOWROOM MUST ACCOMPANY THIS APPLICATION, ALONG WITH COPIES OF YOUR BUSINESS LICENSE, YOUR COMPANY CHECKS, AND YELLOW PAGE LISTINGS.

Wilderness Energy Systems • 12611 Encinitas Ave. Sylmar, CA 91342

Office Phone: 818-367-3900 Toll-Free: 866-856-2092 Fax: 818-367-3800 Email: info@wildernessenergy.com