

DEALER APPLICATION FORM

Business Information	
Business Name	
Tax ID No.	
Name of Owner	
Address	
Post Code	
Country	
Delivery Address (if different)	
Tel	
Fax	
Website	
E-mail	
Year Started	
Business Structure	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Installation Workplace <input type="checkbox"/> Mail Order <input type="checkbox"/> Internet Sales <input type="checkbox"/> Other _____
Number of Employee	
CONTACT PERSON INFORMATION	
Name	
Position	
E-mail	
Tel / Ext.	
Cell Phone (If Any)	
MSN Messenger/ Yahoo Messenger (If Any)	