DEALER APPLICATION

(Please e-mail the completed application to customerservice @domaincabinets.com)

| COMPANY INFORMATION | | | | | |
|----------------------------------------------------------|-------------|--------------------------------------------|------|--|--|
| | | | | | |
| | | | | | |
| Physical Address: | | | | | |
| City: | | State: Z | ip: | | |
| Commercial Residen | ntial | | | | |
| URL / Web Site Address: | | | | | |
| Phone: | Fax: | | | | |
| E-mail: | | | | | |
| Contact Name: | Title | :: | | | |
| Office: Cell: _ | | E-mail: | | | |
| Tax ID Number (EIN): | Busi | ness License Number: | | | |
| Contractor License Number: | | Seller's Permit Number: | | | |
| Other Professional License Number (pleas | e specify): | | | | |
| | | | | | |
| | BUSIN | ESS INFORMATION | | | |
| Number of employees: Number of years in business: | | | | | |
| Do you have a showroom: Yes No If yes, provide address: | | | | | |
| Do you have a warehouse: Yes No | Do y | ou have a loading dock / forklift: 🔲 Yes 🗀 |] No | | |
| What is the main product(s) that you sell: | | | | | |
| Who are your main customers: | me Owners | Contractors / Professionals | | | |
| Last year's sales revenue: | | | | | |
| Vendor References #1: | | | | | |
| Company Name: | | Number of years doing business | s: | | |
| Contact Name: | _ Phone: | E-mail: | | | |

| Vendor References #2: | | | | | |
|------------------------------------------------------|-----------------------------|------------------------------------|----------------------------------------|--|--|
| Company Name: | | Number of years doing business: | | | |
| Contact Name: | Phone: | E-mail: | E-mail: | | |
| Vendor References #3: | | | | | |
| ompany Name: | | Number of years doing | Number of years doing business: | | |
| Contact Name: | Phone: | E-mail: | | | |
| | DEALER PROG | RAM INFORMATION | | | |
| Please provide default billing and order is placed): | shipping information to cre | rate your dealer account (credit o | card info will be collected when first | | |
| Billing Name: | | Billing Phone: | | | |
| Billing Address: | | | | | |
| City: | | | Zip: | | |
| Shipping Contact Name: | | Shipping Contact Phone: | | | |
| Shipping Address: | | | | | |
| City: | | | Zip: | | |
| Special Request / Questions / Cor | nments: | | | | |

^{*} Dealer account and discount will be set up within 48 hours of receiving completed application. Account set up is subject to review and approval. Call Dealer Support at 951-547-1669 for any questions.