



Confidential Dealer Information & Profile

Company Name: _____

First Name: _____

Last Name: _____

Company Address 1: (Mailing)

Company Address 2: (Shipping)

City: _____ State: _____

City: _____ State: _____

Zip: _____

Zip: _____

Business Phone: () _____

Fax: () _____

Cell Phone: () _____

Email: _____

Principle Type of Business:

Contractor

License Type: _____ License Number: _____

Geographic Areas Where Licensed: _____

Retailer/Wholesaler

Number of business locations: _____ Number of dealers: _____

Other _____

Federal ID Number: _____ Sales Tax Cert. (FL Only): _____

Business Classification:

C – Corp. S – Corp. Partnership Sole Proprietor

Years in Business: _____ Number of Employees: _____

Annual Business Volume:

Under \$250,000 \$250,000 - \$500,000 \$500,000 - \$1 Million Over \$1 Million

Business Capabilities: (Check All That Apply)

- Work From Home Have Separate Business Facility or Facilities
- Have Showroom Have Ability to Store Product Inventory Have Assembly Area
- Own Van or Truck Own Basic Hand & Power Tools Have Liability Insurance

Other Companies & Products You Represent:

<u>Company</u>	<u>Address</u>	<u>Product(s)</u>

How Do You Presently Market Your Business? (Check All That Apply)

- Newspaper Yellow Pages Television Radio Direct Mail Flyers
- Magazines Catalogs Billboards Paid Referrals Trade Shows
- Company Website – Address: _____

How Did You Initially Learn About Dreamscreens?

- Website Tradeshow Advertisement

Which Competitive Products Are You Familiar With?

- Phantom Eclipse Mirage ClearView Roll-Away HideAway ODL

Please Indicate The Geographic Territory You Currently Service By County: _____

Completed By: _____ **Title:** _____ **Date:** _____