



Date: \_\_\_\_\_

3430 Davie Rd, Suite 307, Davie, FL 33314  
PH: 954-688-4084 FAX: 954-272-7777

## DEALER & CONTRACTOR APPLICATION FORM

### INSTRUCTIONS

Jarlin Cabinetry utilizes this reseller application in determining the capabilities of your organization and your ability to successfully market and support Jarlin Cabinetry products. If you have questions about the application don't hesitate to contact us. Return your application to us by Fax: 954-272-7777

### GENERAL INFORMATION

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

EIN# \_\_\_\_\_ Resale Certificate# \_\_\_\_\_

CONTRACTOR LICENSE# \_\_\_\_\_ EXP. DATE# \_\_\_\_\_

(Copy of contractor license & driver license required.)

### AUTHORIZED USERS

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

☐ Retailer ☐ Retailer (without showroom) ☐ Other \_\_\_\_\_

☐ Distributor ☐ Contractor ☐ Interior Designer ☐ Builder/Developer

How did you hear about us?

☐ Sales Rep ☐ Referral ☐ Website ☐ Magazine ☐ E-Mail ☐ Mail ☐ Other \_\_\_\_\_

### PRODUCTS

(Please provide the following information about top 2 product lines you are currently selling)

Company Name: \_\_\_\_\_ Products Sold: \_\_\_\_\_

Years selling their products: \_\_\_\_\_ Sales in last 3 months \_\_\_\_\_

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Years selling their products: \_\_\_\_\_ Sales in last 3 months \_\_\_\_\_

Please fax back to Jarlin Cabinetry Fax # 954-272-7777