



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

4341 Pageland Hwy, Lancaster, SC 29720  
Phone: 843-898-8022 FAX: 803-728-6665

**PERFECT SPACES CLOSETS / WAREHOUSE DISTRIBUTORS USA - DEALER APPLICATION FORM**

**INSTRUCTIONS**

Warehouse Distributors USA utilizes this reseller application in determining the capabilities of your organization and your ability to successfully market and support Warehouse Distributors USA products. If you have questions about the application don't hesitate to contact us. Return your application to us by Fax: 803-728-6665

**GENERAL INFORMATION**

Who is your sales rep? \_\_\_\_\_

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

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

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

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

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

Email(s): \_\_\_\_\_

\*Please include all email addresses to be included by CC: in communications

EIN# \_\_\_\_\_

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

Shipping address: \_\_\_\_\_

Does the above address have a loading dock?  Yes  No

Does the above address have a forklift?  Yes  No

**AUTHORIZED USERS/DESIGNERS**

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

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

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

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

Retail  Retailer (without showroom)  Distributor  Contractor  Interior Designer  Builder/Developer

Other: \_\_\_\_\_

How did you hear about us?

Sales Rep  Referral  Website  Magazine  Email  Mail  Other: \_\_\_\_\_

**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: \_\_\_\_\_

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

Products Sold: \_\_\_\_\_

Years selling their products: \_\_\_\_\_

Sales in last 3 months: \_\_\_\_\_

**Please FAX back to Warehouse Distributors USA: 803-728-6665**