



Date: _____

5132 Walnut Grove Ave, San Gabriel, CA 91776
PH: 626-478-2528 FAX: 626-458-2207

DEALER & CONTRACTOR APPLICATION FORM

INSTRUCTIONS

Cabinet City utilizes this reseller application in determining the capabilities of your organization and your ability to successfully market and support Cabinet City products. If you have questions about the application, don't hesitate to contact us. Return your application to us by Fax: 626-458-2207 or email to info@cabinetcity.net

GENERAL INFORMATION

Company Name: _____ Owner Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Resale Certificate # _____

Contractor License # _____ Exp Date # _____

(Copy of contractor license & driver license required)

AUTHORIZED USERS

Name: _____ Title: _____

Name: _____ Title: _____

☐ Retailer ☐ Retailer (without showroom) ☐ Distributor ☐ Contractor
☐ Interior Designer ☐ Builder/Developer ☐ Other _____

How did you hear about us?

☐ Sales ☐ Word of Mouth ☐ Search Engine ☐ Magazine ☐ Email ☐ Social Media ☐ Other _____

3 Free Sample Doors You Like: 1 _____ 2 _____ 3 _____

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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Please fax this form back to Cabinet City Fax # 626-458-2207 or email to info@cabinetcity.net