



www.atlasusa.net

NEW DEALER APPLICATION

Company Name _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Purchasing Contact: _____

Phone Number _____ Ext: _____ Fax# _____

Email: _____ Web Site: _____

Federal TAX ID # _____

Type of Business

Partnership Sole Owner Corporation LLC

Number of Years in Business: _____

Incorporated year: _____

Company Principals

Name: _____

Title: _____

Phone: _____

Address: _____

Name: _____

Title: _____

Phone: _____

Address: _____

Tell us a little about your business type and customers:

Number of Employees: _____

Number of Sales Representatives: _____

Type of products sold: _____

Brand Names you now carry (Showers, Bathtubs, etc.):

Do you have a showroom: Y N

Number of Showrooms: _____

Sq. ft. (each) _____

Yearly sales volume

0 ~ \$100,000 \$100,000~\$250,000 \$250,000~\$500,000 \$500,000~1M Above \$1M

How did you hear about us? _____

Email or Fax back to

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