

# DEALER APPLICATION

## CONTACT INFORMATION

Company:		
Contact Name:		
Contact Title:		
Current address:		
City:	State:	ZIP Code:
Telephone:	Fax Number:	Other Phone:
E-Mail Address:	Website Address:	

## COMPANY EXPERIENCE

Years in Business: _____	Breakdown of Sales: Residential Docks ___%	Commercial Docks ___%
No. of Locations: _____	Dock Service & Repair (re-floats, re-surface, etc) ___%	
	Dock Accessories ___%	
What Dock Types Do You Sell?	Floating Docks ___%	Fixed/Roll-in Docks ___%
Do You Manufacture Own Docks? Yes No <i>(Please circle)</i> If No, What Dock Vendor Do You Use _____		
Please Estimate Annual Numbers of:	Dock Systems Sold: _____	Dock Floats Sold: _____
	_____ 5 or less	_____ Less than 100
	_____ 6 to 10	_____ 100 – 199
	_____ 11 to 20	_____ 200 or more
	_____ 20 or more	
My Current Product Vendors are: Dock Floats _____ Dock Accessories _____		
Non-Wood Decking Materials _____		
I Can Sell & Service The Following Areas & Lakes: _____		
_____		
_____		
My Marketing Activities Include: Onsite Calls ___ Retail Storefront ___ Direct Mail ___ Print Ads ___ Marine Associations ___		
<i>(check all that apply)</i>		
Additional Information You Would Like Us to Consider:		

Date: \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

***Thank You. We will be in touch shortly.***

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