



Dealer / Distributor Application

Date: _____

Personal Information.

Name: _____ DOB: _____

Address: _____ City: _____

State or Providence: _____ Zip Code: _____

Phone Number: _____ Cell: _____

Fax: _____ Email: _____

Business History.

Current
Occupation: _____

Current Title: _____ Years with this business: _____

Name of Business: _____

Business address: _____

Web address: _____

Average Annual Sales: _____

Other related Business History or Hobbies.

Financial Relations.

Name of Bank: _____ Fax: _____

Address: _____ City: _____

State / Providence: _____ Zip Code: _____

Contact name and phone number: _____

Email: _____

Bank Average Balance: _____

Ever filed for Bankruptcy protection? _____ If yes, How long ago? _____

Business References.

1. Name: _____ Contact: _____

Address: _____

Ph: _____ Fax: _____

2. Name: _____ Contact: _____

Address: _____

Ph: _____ Fax: _____

3. Name: _____ Contact: _____

Address: _____

Ph: _____ Fax: _____

Personal References.

1. Name: _____

Address: _____

Ph: _____ Fax: _____

2. Name: _____

Address: _____

Ph: _____ Fax: _____

Territory (Territories) Requested.

I am interested in a “Dealership” or “Distributorship” (Circle one please), in the territory or territories around the_____

_____ metropolitan area.

I am interested in mostly in; Garage Cabinets, Closets, Polyaspartic – Polyurea Floor coatings, All of your products. (Please circle all that apply).

I am currently a Dealer / Agent for these other fine companies: _____

I believe my average monthly sales in the territory I requested based on our population and economic conditions could be: \$_____ with the products I have chosen from the list above.

I am interested in becoming a Dealer or Distributor:

____ As soon as possible

____ Within 2 months

____ Within 6 months

In signing, I give authorization to contact all references and release all information to Triton Garage LLC. This is not a contract or commitment on my part to become a dealer or distributor for Triton Garage & Closet Systems. This is strictly an application for both parties to pursue a possible business relationship.

Signature

Date

Please email or Fax completed Application to; Fax- 480-820-0841
Email: dealers@TritonGarage.com

Thank you for your interest in becoming a Triton Dealer