

Daily Window™ Products, Inc.
APPLICATION FOR A DEALER ACCOUNT

Fax Completed Application to : (541) 432-2650

BUSINESS CONTACT INFORMATION

Your name:		Your title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Type of Business:			Number of Locations:
Approximate total selling square footage:		Approximate total annual sales volume: \$	
Approximate dollar range of item retail prices: \$ to \$			
Approximate average sale: \$			

BUSINESS/TRADE REFERENCES (PLEASE LIST THREE)

1. Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
2. Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
3. Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

BANK REFERENCE

In order to obtain credit terms (Net 30 DOI), please complete our Bank Reference Form. Otherwise, you may prepay by e-check or credit card for a 2% discount.

AGREEMENT

1. All invoices are to be paid within 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven (7) working days following delivery of product.
3. By submitting this application, you authorize Daily Window™ Products, Inc. to make inquiries into the business/ trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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