



Date: \_\_\_\_\_

2551 SW 39th St Suite 100, Fort Lauderdale, FL 33312  
PH: 954-688-4084 FAX: 954-272-7777

**DEALER & CONTRACTOR APPLICATION FORM**

**INSTRUCTIONS**

Jarlin Cabinetry utilizes this reseller application in determining the capabilities of your organization and your ability to successfully market and support Jarlin Cabinetry products. If you have questions about the application don't hesitate to contact us. Return your application to us by Fax: 954-272-7777

**GENERAL INFORMATION**

Company Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

EIN# \_\_\_\_\_ Resale Certificate# \_\_\_\_\_

CONTRACTOR LICENSE# \_\_\_\_\_ EXP. DATE# \_\_\_\_\_

(Copy of contractor license & driver license required.)

**AUTHORIZED USERS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Retailer       Retailer (without showroom)       Other \_\_\_\_\_

Distributor       Contractor       Interior Designer       Builder/Developer

How did you hear about us?

Sales Rep     Referral     Website     Magazine     E-Mail     Mail     Other \_\_\_\_\_

**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 \_\_\_\_\_

Company Name: \_\_\_\_\_ Products Sold: \_\_\_\_\_

Years selling their products: \_\_\_\_\_ Sales in last 3 months \_\_\_\_\_