



Date: _____

4341 Pageland Hwy, Lancaster, SC 29720
Phone: 843-800-8554 FAX: 864-362-8028

DEALER APPLICATION FORM

INSTRUCTIONS

American Components utilizes this reseller application in determining the capabilities of your organization and your ability to successfully market and support American Components products. If you have questions about the application don't hesitate to contact us. Return your application to us by Fax: 864-362-8028

GENERAL INFORMATION

Company Name: _____ Owner Name: _____

Address: _____

Phone: _____ Fax: _____

Email(s): _____

*Please include all email addresses to be included by CC: in communications

EIN# _____ Resale Certificate# _____

Shipping address: _____

Does the above address have a **loading dock**? Yes No

Does the above address have a **forklift**? Yes No

AUTHORIZED USERS

Name: _____ Title: _____

Name: _____ Title: _____

Retail Retailer (without showroom) Distributor Contractor Interior Designer Builder/Developer

Other: _____

How did you hear about us?

Sales Rep Referral Website Magazine Email 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: _____

Please FAX back to American Components: 864-362-8028