



Dealer Application

LEGAL NAME OF BUSINESS: _____ Tax ID: _____

Trading As DBA: _____

Address : _____ City, ST, Postal: _____

Office Phone: _____ Fax: _____

Preferred time of contact: _____ Time Zone: _____ Website: _____

Primary Contact: _____ Position/Title: _____

Primary Contact Cell: _____ Primary Contact Email: _____

Second Contact: _____ Position/Title: _____

Second Contact Cell: _____ Second Contact Email: _____

Business Information

What is your primary business: _____

Year Founded: _____ Number of Employees? _____ Number of Sales Reps. _____

Contractor License? Yes No License # _____

ANNUAL SALES [] <\$500,000 [] \$500,000 to \$2,000,000 [] \$2,000,000 to \$5,000,00 [] > \$5,000,000

TRADE ASSOCIATION MEMERSHIPS: _____

GEOGRAPHIC MARKET AREA(S) IN WHICH YOU HAVE EXISTING AND ONGOING BUSINESS OPERATIONS:

Do you currently sell other daylighting products, such as passive skylights, or represent other daylighting businesses?

Yes No

If yes, please list:

- 1) How did you hear about CIRALIGHT GLOBAL, INC.? _____
 - 2) What is your experience and exposure to DAYLIGHTING? _____
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- 3) Do you participate in "Green Build" projects? _____

<u>Customer References:</u>	<u>Contact Person</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

<u>Business References</u>	<u>Contact Person</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

I verify that all information provided herein is true and accurate.

Signature

Print Name

Title

Date

UPON COMPLETION OF APPLICATION, PLEASE FAX BACK TO: 949-743-2747

NOTE: All information submitted will be held in strictest confidentiality. Completion of this application does not guarantee acceptance as a Ciralight Global Dealer.

OFFICE USE ONLY:		
<i>Distributor/ Dealer/ Reseller:</i>	<i>Committee Meet Date:</i>	<i>Phone interview date:</i>
<i>Comments:</i>		