



Network Application Form

Legal Company Name: _____ Date Company Began: _____

Joining Network As: Small Enterprise OEM Contractor Architect

Type of Company: Corporation Partnership Proprietorship

Mailing Address: _____ Shipping Address: _____

General Email: _____ Shipping Address: Business Residential

Phone: () _____ Fax: () _____

Mobile: () _____ Website: _____

Owner(s) Name(s): _____ Email: _____

Key Personnel: _____ Email: _____

Key Personnel: _____ Email: _____

Geographical Market Coverage: _____

Surrounding Area: 25 Miles 50 Miles 100 Miles Other: _____

Current Screens Supplier: _____ Current Doors Supplier: _____

Do you have retail store front: Yes No # of square feet: _____

Do you have warehouse space: Yes No # of square feet: _____

What is your annual marketing budget: _____

Number of Employees: _____ Inside Sales: _____ Outside Sales: _____ Marketing: _____ Other: _____

BIN # (if applicable): _____ TAX ID # (if applicable): _____