



# DEALER APPLICATION

_____ APPLICANT COMPANY NAME					
_____ SHIPPING ADDRESS			_____ BILLING ADDRESS		
_____ CITY	_____ STATE	_____ ZIP	_____ CITY	_____ STATE	_____ ZIP
_____ TELEPHONE		_____ FAX	_____ TELEPHONE		_____ FAX
_____ WEBSITE ADDRESS			_____ EMAIL ADDRESS		

_____ RESALE NUMBER		_____ FEDERAL ID	
_____ NUMBER OF EMPLOYEES	_____ CURRENT ANNUAL GROSS SALES	_____ YEARS IN BUSINESS	

_____ PRESIDENT/OWNER		_____ VICE PRESIDENT	
_____ SOCIAL SECURITY & DATE OF BIRTH of PRESIDENT/OWNER		_____ ACCOUNTS PAYABLE	
_____ PURCHASING/SHOWROOM MANAGER		_____ NUMBER & SIZE OF SHOWROOMS	

<b>BANKING REFERENCES</b>		
_____ BANK/CREDIT UNION NAME	_____ ADDRESS	_____ CONTACT NAME & PHONE
_____ BANK/CREDIT UNION NAME	_____ ADDRESS	_____ CONTACT NAME & PHONE

12200 Kirkham Road, Poway California 92064 \* Tel: 858 / 486 - 7100 \* Fax: 858 / 486 - 7855

[www.gainesmfg.com](http://www.gainesmfg.com)



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## CREDIT REFERENCES

NAME ADDRESS CONTACT

( ) ( )  
TELEPHONE FAX

NAME ADDRESS CONTACT

( ) ( )  
TELEPHONE FAX

NAME ADDRESS CONTACT

( ) ( )  
TELEPHONE FAX

NAME ADDRESS CONTACT

( ) ( )  
TELEPHONE FAX

What type of dealer best describes your business  
(i.e., Architectural Hardware, Hearth & Patio, etc.)? \_\_\_\_\_

Which models and options do you plan on displaying on  
your showroom floor? \_\_\_\_\_

Do you plan on becoming a stocking dealer? \_\_\_\_\_

What other mailbox lines do your currently carry  
(if any)? \_\_\_\_\_

## LIST YOUR BEST SELLING MAILBOXES WITH MANUFACTURER'S NAME (IF ANY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_