

Dealer Application Form

Company Name				Date		
Address						
Caroland Name				Title		
Phone			Fax			
Email			Website			
Years in Business		Approx	. Annual G	iross Sales		
Do you Provide Installation Se	rvices?	Yes	No			
Number of Sales Reps		Do you	have a Sh	iowroom?	Yes	No
Do you have a warehouse?	Yes	No				
Do you sell other window/doo	or lines?	Yes	No			
Other Lines Offered:						
What markets do you serve?		New Const	ruction		Replacements	
		Developments			Storefront	
		Mid-Rise Condos			High-Rise Condos	
What is your geographic mark	et?					
Additional Comments						