

## **DEALER & CONTRACTOR APPLICATION FORM**

1201 S. Jellick Ave., City of Industry, CA 91748 P: 626-581-4790 | F: 626-581-4797 | E: info@nextarusa.com

**INSTRUCTIONS** The purpose of this form is for Nextar to verify each applicant's credentials as an industry trade professional and assess the applicant's potential for being a successful Nextar partner. By completing and returning this form, you certify that all information you provide is accurate and true, acknowledge that false information will result in the automatic closure of your account, and understand that Nextar will securely keep your information on file for reference. Please return your application to us via fax or email and reach out to us with any questions!

GENERAL INFORMATION			
Company Name:	Owner Name:		
Address:			
Phone: Fax	Fax: Email:		
Contractor's License #	Resale Certificate #	Exp Date	
** copy of contractor license or resale certificate <b>and</b> driver's license required			
Business Type:	☐ Retailer (without showroom)	☐ Distributor ☐ Contractor	
■Interior Designer	■ Builder/Developer	☐ Other:	
ALITHODIZED ACCOUNT HEEDS			
AUTHORIZED ACCOUNT USERS	T'11	DI.	
		Phone:	
Name:	Title:	Phone:	
How did you hear about us? ☐Friends/Family ☐Business Affiliates ☐ Yelp/Google ☐ Sales ☐ Search Engine ☐ Social Media ☐ Other:			
SALES VOLUME & PRODUCTS			
# of Kitchens Sold Per Month: Intended Purchasing Volume of Nextar Cabinets per Month: \$ Please provide the following information about the top <b>two</b> product lines you are currently selling:			
Company Name: Products Sold:			
ears Selling Their Products: Sales in Last 3 Months:			
Company Name: Products Sold:			
Years Selling Their Products: Sales in Last 3 Months:			

Please fax this form along with copy of contractor's license/resale certificate and driver's license to Nextar Fax: 626-581-4797 or Email: info@nextarusa.com

FOR NEXTAR INTERNAL USE ON	ILY	
Sales Rep:	Date Received:	Notes: