



2112 N. Dragoon St. Suite 17
 Tucson, AZ 85745-1436
 520-209-2470
 FAX: 520-798-5470

Dealer # Office Use Only
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DEALER APPLICATION FORM

DEALER INFORMATION

Company Name:	
(Please attach a copy of your business license for proof of legitimacy)	
Address:	
Address:	
City:	State/Province:
Postal Code:	Country:
Company Phone:	Company Fax:
Website:	Years in Business:
Federal Tax ID:	DUNS Number:
Annual Sales:	No. of Employees:

COMPANY CONTACTS

Contact Person:	Accounting Person:
Title:	Title:
Phone Number:	Phone Number:
Email Address:	Email Address:

CAPABILITIES

Do you have a showroom and space to display a Double Space Bed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have assembly and installation capabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have room and/or furniture design capabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:
Do you have furniture and/or cabinet making capabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:
Do you have remodeling/construction capabilities or resources? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:

SIGNATURES

Signature of Authorized Applicant:	Date:
Name (Please Print):	Title: