



Date: _____

3424 NW Yeon Ave, Portland, OR 97210

Phone: 503-622-8897 Fax: 503-831-9838

DEALER & CONTRACTOR APPLICATION FORM

INSTRUCTIONS

UniKraft Cabinetry utilizes this reseller application in determining the capabilities of your organization and your ability to successfully market and support UniKraft Cabinetry products. If you have questions about the application don't hesitate to contact us. Return your application to us by Fax: 503-831-9838 or email to info@unikraftcabinetry.com

GENERAL INFORMATION

Company Name: _____ Owner Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

EIN# _____ Resale Certificate# _____

CONTRACTOR LICENSE# _____ EXP. DATE# _____

(Copy of contractor license & driver license required.)

AUTHORIZED USERS

Name: _____ Title: _____

Name: _____ Title: _____

- Retailer Retailer (without showroom) Other: _____
- Distributor Contractor Interior Designer Builder/Developer

How did you hear about us?

- Sales Rep Referral Website Magazine E-mail Mail Other: _____

PRODUCTS

(Please provide the following information about the top 2 product lines you are currently selling)

Company Name: _____ Products Sold: _____

Total years selling products: _____ Sales in the last 3 months: _____

Company Name: _____ Products Sold: _____

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