



Dealer Application Profile Form

COMPANY NAME: _____

1ST OWNER CONTACT PERSON: _____

CO-OWNER CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY PHONE: _____ DIRECT LINE PHONE OR (CELL): _____

E-MAIL ADDRESS: _____ WEBSITE ADDRESS: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YEARS IN BUSINESS: _____ NUMBER OF EMPLOYEES : _____ NUMBER OF SALES PEOPLE: _____

GROSS ANNUAL SALES LAST YEAR: \$ _____

PROJECTED ANNUAL SALES THIS YEAR: \$ _____

HOW MUCH OF YOUR REVENUE IS CURRENTLY BATHROOM REMODELS? (% IS ACCEPTABLE) _____

DO YOU HAVE A COMPREHENSIVE MARKETING PLAN IN PLACE? YES NO

WHAT IS YOUR CURRENT CORE BUSINESS? _____

WHY DO YOU WANT TO BECOME A PRIME BATHS DEALER? _____
