

Cabinet Arts Cabinets Dealer Registration Form

Please fill out this form comp	oletely to become a dealer	for our products. * F	Required
Company Name*		EIN # *	
Address*			
City*	State*	:	Zip *
Phone*	Email *		
Website*			
Number of Retail Locations*	Showroom Size (Sq	.ft.)* Yea	rs in Business*
Number of Designers Employe	d* License Type	Lice	ense Number
Company Info*			
What type of products do you	sell?		
Kitchen Cabinets	Granite Countertops	Carpet	Tiles
Vanity Cabinets	Laminate Countertops	Hardwood Floor	Appliances
Other			
Which cabinet brands do you sell in your showroom? *			
How much was your total cabin	net purchases last year? *		
How much cabinet purchases d	o you project this year? *		
Do you provide installation ser	vices? * Yes No If y	es, how many installat	tion crews do you have?
What is your service area?			
How did you find out about Cal Referral Internet		Magazines Other	
Full Name			
Date			
Signature			