



AUTHORIZED CONTRACTOR APPLICATION

Business Name: _____ Federal Tax ID.: _____
Billing Address: _____ City: _____
State: _____ Zip: _____
Shipping Address: _____ City: _____ State: _____ Zip: _____
Phone (____) _____ Fax (____) _____
E-mail: _____

Nature of your business: _____ Years in business: _____ Years at above address: _____
O Corporation O Sole Proprietorship O Partnership O Other: _____

Is your business located in a: O commercial zone O residential zone O agricultural zone

Contact Name: _____ Title: _____ Phone (____) _____

Accounts Payable Contact Name: _____

Do you have a retail location? O No O Yes If yes, store hours of operation: _____

Do you have a catalog? O No O Yes If yes, please enclose a copy with your application.

Do you have a web page? O No O Yes Web Address: _____

Does your company provide maintenance services? O No O Yes How many installations per year? _____

How many sales representatives do you have? _____ How many employees do you have? _____

Do you own or are you involved in another Pond and/or Aquatic related business? If so, describe: _____

Client Type Serviced: O End-users O Residential O Commercial O Other: _____

Who do you currently purchase your pond products from? _____

Enclose the following with application:

- 1. Photo of your storefront location (if applicable)
2. Copy of your catalog (if applicable)
3. Copy of your Federal Tax ID License (if applicable)
4. Copy of DBA or other proof of business legitimacy (required)

Send application to:

9a UJ
sales@pondbuilder.com
Or Fax it to us at:
989-921-4666

Office Use Only

Approved _____ Denied (reason) _____
Representative _____ Extension _____ Date Received _____