

DEALER APPLICATION

No annual commitment, No minimum order, No purchase required to apply today

BUSINESS INFORMATION						
Company Name:						
Address:						
City: State:			Zip	Code:		
Nature of the Business: New Pool Cons	Pool Service _	_ Pool retail	Distribution			
Province: Business Registration Number:						
Date Business Commenced: No. of Locations No. of Employees:						
Sole Proprietorship: Partnership:		Corporation	Corporations: Other:			
Would you like to join our e-mail list of sales promotions Yes No						
CONTACT INFOMRATION						
Key Contacts	E	E-Mail		Phone ar	nd Extension	
Primary Contact:						
President CEO/Owner:						
CFO/Finance:						
Accounts Payable:						
Purchasing:						
Project Manager:						
Technical:						
BUSINESS/TRADE REFERENCES (Pool Industry Preferred)						
Company Name:		Account N				
Address:	City:		State and Zip Code:			
Phone:	Fax:		E-Mail:			
Contact: Typical Items Purchased:						
Current Payment Terms:						
Company Name: Acco		Account N				
Address:	City:		State and Zip Code:			
Phone:	Fax:		E-Mail:			
Contact: Typical Items Purchased:						
Current Payment Terms:						
Company Name:	Account N	Account No.:				
Address:	City:		State and Zip Code:			
Phone:	Fax:		E-Mail:			
Contact: Typical Items Purchased:						
Current Payment Terms:						
AGREEMENT						
By submitting this application, you are authorizing Ultraviolet Pools to make inquiries with banking and trade references you have supplies. All information received by Ultraviolet Pools will be kept confidential and not released to third-party without written consent or legal demand.						
Authorized Signature:	se Only	it or regar deritaria.				
		Application Received: Date:				
Name:		Verification: Approval:				
raine.			Account No.:			
Title:		Credit Terms:				
		2. 23. 2 . 211131				
Date:						
Ultraviolet Pools		Please E-Mail	Please E-Mail to sales@ultravioletpools.com			
-	Please Contact		•			