



DATE: _____

3031 NW 79TH Ave, Doral Fl, 33122

Tel: (305) 716 2822 Web: www.xrcabinets.com

BECOME A DEALER

Company Name: _____ Owner Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____ Web: _____

EIN: _____ Resale Tax Exemption Certificate: _____

GC License: _____ Exp. Date: _____

(Please provide copy of certificate and/or licences at time of submission of this application if applicable)

- Retailer
- Retailer w/o showroom
- Other: _____
- Distributor
- Contractor
- Interior Design
- Builder

Top selling products

(Please provide the products that your company is currently selling the most)

Product: _____ Years selling product: _____

Product: _____ Years selling product: _____

Product: _____ Years selling product: _____

Product: _____ Years selling product: _____

How did you hear about us?

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

