

COMPLETE AND SUBMIT BY EMAIL TO: contact@distrigarden.com
PLEASE PRINT THE COMPLETED FORM AND RETAIN A COPY FOR YOUR RECORDS

DATE OF APPLICATION

Please complete this form as accurately as possible. Once completed you can print a copy for your records. Once the form is completed press the "SUBMIT BY EMAIL" button at the top of the form to electronically send the form to our dealer team. A representative from Davinci Gazebos will contact you shortly with more information about becoming an authorized dealer.

COMPANY INFO

BUSINESS NAME	<input type="text"/>	BUSINESS ADDRESS	<input type="text"/>	CITY	<input type="text"/>	STATE PROV.	<input type="text"/>	ZIP/CODE POSTAL	<input type="text"/>
YEARS IN BUSINESS	<input type="text"/>	TYPE OF BUSINESS	<input type="text"/>	IF OTHER EXPLAIN	<input type="text"/>				
DO YOU CURRENTLY SELL HOT TUBS	<input type="text"/>	DO YOU CURRENTLY SELL GAZEBOS	<input type="text"/>	DO YOU CURRENTLY DISPLAY GAZEBOS	<input type="text"/>	DO YOU PLAN TO DISPLAY GAZEBOS	<input type="text"/>		
HAVE YOU EVER FILED FOR BANKRUPTCY ?	<input type="text"/>	WHAT TERRITORY DO YOU DESIRE?	<input type="text"/>						
CURRENT BANK	<input type="text"/>	BANK ADDRESS	<input type="text"/>	BANK PH NUMBER	<input type="text"/>				

CONTACT INFO

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>	POSITION IN COMPANY	<input type="text"/>
CONTACT PHONE NUMBER	<input type="text"/>	COMPANY FAX NUMBER	<input type="text"/>	CONTACT EMAIL	<input type="text"/>

IF YOU WOULD YOU LIKE US TO KEEP A CREDIT CARD NUMBER ON FILE FOR PAYMENT PLEASE FILL IN THE INFORMATION BELOW

CARD TYPE ?	<input type="text"/>	CARD #	<input type="text"/>	EXP. DATE MM/YY	<input type="text"/>	CVC CODE	<input type="text"/>
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BY SELECTING YES IN THE BOX BELOW, YOU ARE AUTHORIZING DAVINCI GAZEBOS OR ITS AGENTS TO CONFIRM INFORMATION INDICATED ABOVE. YOU ALSO AUTHORIZE DAVINCI GAZEBOS OR ITS AGENTS TO COLLECT CREDIT, PERSONAL AND OTHER INFORMATION ABOUT YOU FROM CREDIT REPORTING AGENCIES AND OTHERS AND TO SHARE SUCH INFORMATION WITH CREDIT REPORTING AGENCIES AND OTHERS FOR THE PURPOSE OF DETERMINING YOUR ELIGIBILITY FOR THE EXTENSION OF CREDIT IN CONNECTION WITH THIS APPLICATION FOR THE PURPOSE OF PURCHASING A PRODUCT FROM DAVINCI GAZEBOS, AND FINANCING SUCH PURCHASE. YOU DECLARE THAT ALL INFORMATION PROVIDED IS TRUE, COMPLETE AND ACCURATE.

DO YOU AGREE

FOR INTERNAL USE ONLY

ASSIGNED REP	<input type="text"/>	DEALER #	<input type="text"/>	DLR NAME	<input type="text"/>	FILL	<input type="text"/>
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