



**Solar Electric Power Systems
Commercial / Residential
Solar Thermal & Radiant Heating Systems**



Dealership Application

Business Name: _____

Business Type: Solar Installer Solar Equipment Reseller Solar Sales & Marketing

How did you hear about us? _____

Address: _____
City State Zip

E-mail: _____

Telephone: (_____) _____ Fax: (_____) _____

Date Business Established: _____ Years in Current Location: _____

Type of Business Ownership: ___ Sole Proprietorship ___ Partnership ___ Corporation _____
State

Resale Permit Number: _____ / _____ Contractor's Number: _____
State

Contractor's License: Type _____ Total Number of Personnel: _____ Number of Sales People: _____

List Major Shareholders, Officers, Directors and Managers

Name	Title & Responsibility	% of Ownership (if applicable)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Your Total Annual Sales:

Current Year (projection): _____ Last Year: _____ Year Before Last: _____

Describe the major types of products you sell:

What percentage of your Sales is in PV products? _____ Solar Water Heating? _____

Solar Pool Heating? _____ Radiant Floor Heating? _____

Describe your firm's experience with solar products (use separate sheet if necessary)

I (We) hereby apply to become an authorized Solar Depot dealer and to receive product information, dealer pricing and special announcements (no minimum stocking purchase required).

Signature _____ Print Name _____ Position _____ Date _____

Signature _____ Print Name _____ Position _____ Date _____

Note: An approved dealer application qualifies you for Solar Depot dealer pricing. It is not a substitute for a credit application. If interested in establishing an open account, please fill out our credit application form.
PLEASE COMPLETE AND FAX TO: (707) 766-7722 - Attn: Justin