



Dealer Application Form

Mailing Address: Attn. Product Manager
 www.HighSEER.com
 2260 NW 102nd Place
 Doral, FL 33172 - USA

Fax Number: +1 (305) 513-4499

Email Address: info@highseer.com

Dear Prospect:

Thank you for your interest in becoming a dealer or reseller for our products. We strive to work in great harmony with our independent dealers and distributors and offer generous margins, superior service and professional support. Our application form needs to be filled out completely for us to be able to properly determine a dealer's eligibility. Please submit the form by email, fax or US mail. You can expect to hear back from us shortly.

Name of the contact person (First, MI, Last)	<input style="width: 100%;" type="text"/>
Name of the company or legal entity	<input style="width: 100%;" type="text"/>
Clear mailing address of the company location	<input style="width: 100%;" type="text"/>
City, State and ZIP Code	<input style="width: 100%;" type="text"/>
Web Site(s) (if any)	<input style="width: 100%;" type="text"/>
Email Address of the contact person	<input style="width: 100%;" type="text"/>
Years and type of business experience	<input style="width: 100%;" type="text"/>
Annual sales turnover from all channels	<input style="width: 100%;" type="text"/>
Products and lines usually carried and marketed	<input style="width: 100%;" type="text"/>
Brand names of products carried (past and present)	<input style="width: 100%;" type="text"/>
Ebay, Amazon or other store names (if any)	<input style="width: 100%;" type="text"/>
Please select if interested in stocking or dropshipping	<input style="width: 100%;" type="text"/>
Number of employees and personnel. Full Time:	<input style="width: 150px;" type="text"/> Part Time: <input style="width: 150px;" type="text"/>

Additionally, if you would desire to establish an open account, than the following information must also be filled out:

I, _____, hereby authorize Parker Davis HVAC Systems, Inc., to verify any information deemed necessary, based on the details I am submitting herein from all sources available for the establishment of an open account and/or approval of my dealership application. This authorization will remain valid until revoked by me. I am willing to provide financial statements and a written personal guarantee in connection with open account application.

Corporate Name	<input style="width: 100%;" type="text"/>	State	<input style="width: 50px;" type="text"/>	Federal EIN Number	<input style="width: 100%;" type="text"/>
Bank Reference	<input style="width: 100%;" type="text"/>	Main Account Number	<input style="width: 100%;" type="text"/>		
Commercial Reference	<input style="width: 100%;" type="text"/>	Commercial Reference	<input style="width: 100%;" type="text"/>		
Commercial Reference	<input style="width: 100%;" type="text"/>	Date	<input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>	

Check this box to confirm that all above information is correct as stated and sign your name: