



## Dealer Application Form

<b>Mailing Address:</b>	Attn. Product Manager www.HighSEER.com 3250 NW 107th Ave Doral, FL 33172 - USA
<b>Fax Number:</b>	+1 (305) 513-4499
<b>Email Address:</b>	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 type="text"/>
Name of the company or legal entity	<input type="text"/>
Clear mailing address of the company location	<input type="text"/>
City, State and ZIP Code	<input type="text"/>
Web Site(s) (if any)	<input type="text"/>
Email Address of the contact person	<input type="text"/>
Years and type of business experience	<input type="text"/>
Annual sales turnover from all channels	<input type="text"/>
Products and lines usually carried and marketed	<input type="text"/>
Brand names of products carried (past and present)	<input type="text"/>
Ebay, Amazon or other store names (if any)	<input type="text"/>
Please select if interested in stocking or dropshipping	<input type="text"/>
Number of employees and personnel. Full Time:	<input type="text"/> Part Time: <input 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 type="text"/>	State	<input type="text"/>	Federal EIN Number	<input type="text"/>
Bank Reference	<input type="text"/>	Main Account Number	<input type="text"/>		
Commercial Reference	<input type="text"/>	Commercial Reference	<input type="text"/>		
Commercial Reference	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	

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