



**SUNSHINE WINDOWS  
MANUFACTURING, INC.**  
1785 West 33<sup>rd</sup> Place Hialeah, FL 33012

## DEALER APPLICATION FORM

Please complete and save this form to your computer, and email it to [info@sunshinewindows.com](mailto:info@sunshinewindows.com)

### GENERAL INFORMATION

OWNER'S FULL NAME:

DATE:

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE :

FAX :

EMAIL :

WEBSITE :

PRINCIPAL CONTACT AND TITLE:

PRINCIPAL CONTACT'S EMAIL:

PURCHASING CONTACT:

HOW MANY YEARS HAVE YOUR COMPANY BEEN IN BUSINESS?

### REFERENCES AND BANKING INFORMATION

PLEASE PROVIDE THREE TRADE REFERENCES (COMPANY NAME, CONTACT AND PHONE #):

- 1.
- 2.
- 3.



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PLEASE LIST BANK INFORMATION:

BANK NAME:

BANK PHONE NUMBER:

BANK CONTACT NAME:

BANK ACCOUNT NUMBER:

***ADDITIONAL INFORMATION***

- NUMBER OF SALES EMPLOYEES:
- PREVIOUS YEAR'S SALES VOLUME:
- PROYECTED SALES VOLUME FROM SUNSHINE:
- TERRITORY:

- DOES YOUR COMPANY HAVE A WAREHOUSE?
- DOES YOUR COMPANY HAVE A SHOWROOM?
- DOES YOUR COMPANY HAVE A GLAZING OR CONTRACTOR LICENSE?  
If yes; Contactors' Name: \_\_\_\_\_ License #: \_\_\_\_\_
- DELIVERY TO WAREHOUSE NEEDED?

COMPLETED BY:

TITLE:

SIGNATURE: