

The Remodeling Center

Application for Phantom Screen Dealership

Firm Name: _____

Owner or Purchasing Agent: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Fax: _____ Accounts Payable Contact: _____

Please provide a description of the business and products that you are involved with:

This location since: _____ Type of Business: _____

Incorporated? _____ Year of Incorporation: _____ State: _____

Projected Phantom Purchases in the next 90 days: _____

Exempt/Nonexempt: _____ (If exempt, resale certificate must be attached.)

Please provide bank references:

Bank References: _____ Account #: _____

Address: _____ City: _____ State: _____

Zip: _____ Contact Name: _____ Phone: _____

Fax: _____ Loan #: _____

Please provide 3 trade references:

Trade Reference/Company: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Trade Reference/Company: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Trade Reference/Company: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

