

LAARHOVEN DESIGN

DEALER APPLICATION ^{5/01}

DATE _____

COMPANY _____

COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: () _____ FAX NUMBER: () _____

WEBSITE ADDRESS: _____ E-MAIL ADDRESS: _____

NAME OF PRESIDENT OR OWNER _____

TITLE _____

PLEASE LIST KEY PERSONNEL RESPONSIBLE FOR DISTRIBUTING ANY LAARHOVEN DESIGN CORRESPONDENCE OR OTHER MARKETING SUPPORT MATERIALS?

HOW LONG HAVE YOU BEEN LOCATED AT YOUR PRESENT ADDRESS? _____

HOW LONG HAVE YOU BEEN IN BUSINESS? _____

DO YOU HAVE A SHOWROOM? _____

HOW LARGE IS YOUR SHOWROOM? _____

WHAT IS THE MAIN EMPHASIS OF YOUR BUSINESS? _____

HOW MANY SALES PEOPLE DO YOU HAVE? _____

WHAT IS YOUR APPROXIMATE SALES TERRITORY? _____

WHAT ARE YOUR AVERAGE MONTHLY TRADE SHOW DISPLAY SALES? _____

TRADE SHOW DISPLAYS ACCOUNT FOR WHAT PERCENTAGE OF YOUR BUSINESS? _____

DO YOU MANUFACTURE CUSTOM TRADE SHOW DISPLAYS? _____

WHAT PERCENTAGE OF YOUR PORTABLE AND MODULAR TRADE SHOW DISPLAY BUSINESS IS PRODUCED BY AN OUTSIDE SOURCE? _____

WHAT OTHER DISPLAY SYSTEMS DO YOU CURRENTLY REPRESENT? _____

PLEASE FAX COMPLETED FORM TO 770.717.0138.

COMPLETION OF THIS FORM DOES NOT CONSTITUTE A DEALER AGREEMENT BETWEEN LAARHOVEN DESIGN AND APPLICANT. IT IS MEANT AS A TOOL TO DETERMINE DEALER QUALIFICATIONS.