Dealer Questionnaire

Contact Information:

Name:_____

Address:_____

Phone Number:_____

Email:_____

Do you have a reseller certificate? Yes ☐ or No ☐

Certificate Number:_____

How long have you been in Business?

Is this a full-time job? Yes ☐ or No ☐

Do you have a retail space? Yes ☐ or No ☐

Do you have a website? Yes ☐ or No ☐

What is the website URL?

How many systems do you anticipate selling annually? _____

Would you offer installations of our system? Yes ☐ or No ☐

Optional other comments: