



# DEALER APPLICATION

**Atlas California Trading INC**

17175 Von Karman Ave., Suite 101

Irvine, Ca. 92614

Tel: 949.250.7366

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[www.theatlasstore.com](http://www.theatlasstore.com)

[www.atlasairpurifier.com](http://www.atlasairpurifier.com)

## COMPANY & CONTACT INFORMATION

Company Name:			Check One Below:		
Owner Name(s):			Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	
Street Address:			LLC <input type="checkbox"/>	Other <input type="checkbox"/>	
City:	State:	Zip:			
Phone:	Fax:	Years in Business:			
Email:	Website:	Contact Name:			
Tax ID#	D&B#				

## SUPPLEMENTAL INFORMATION

Describe your customers, type of business, and market(s) served:

How did you hear about us?

Where do you sell your products?  
Check all that apply

Retail Store <input type="checkbox"/>	Website <input type="checkbox"/>	Other <input type="checkbox"/>
Catalog <input type="checkbox"/>	eBay <input type="checkbox"/>	

Please list which products are you interested in?

Are you interested in our Drop-Ship program?

Have you or another indirect company affiliation been a dealer/distributor of our products?

What other products does your Company carry?

Do you manufacture or private label any products? Yes  No

Do you provide technical service for any products sold? Yes  No

What is your policy on product returns?

Annual company revenues from prior year?

Do you carry liability insurance? If so, how much? Yes  No  \$ \_\_\_\_\_

**By signing below, applicant requests consideration to represent and market certain Atlas products and applicant agrees that all conversation and proprietary information exchanged between parties will be held in confidence by both parties. Applicant agrees not to sell any Atlas products anywhere not selected above.**

SIGNATURE OF APPLICANT

PRINT NAME

DATE