



Dealer Direct Application

Company Name: _____

Owner's Name: _____

Showroom Location: _____

Office Ph: _____ **Cell Ph:** _____

Fax #: _____ **Email:** _____

Showroom Sq Ft: _____ **Years at this location:** _____ **# of Employees** _____

What percent of your sales is cabinetry? _____

Will Fabuwood be your primary cabinet line? _____

Do you have the ability to receive and assemble cabinetry? _____

What is your average number of kitchens sold in one month's time? _____

How many kitchen showrooms are there within a 2 mile radius of yours? _____

Are you licensed in any trades? _____ **If Yes, What trades?** _____

What other cabinet lines do you carry?

Print Name: _____ **Signature:** _____

Comments: _____