

DEALER APPLICATION

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COMPANY NAME:

TYPE OF BUSINESS:

BUSINESS OWNER:

RESELLER TAX ID#:

CONTACT NUMBER:

EMAIL:

COMPANY WEBSITE:

ADDRESS:

WHERE IS YOUR GEOGRAPHIC MARKET REACH?

HOW DID YOU HEAR ABOUT US?

PLEASE PROVIDE A SHORT DESCRIPTION OF YOUR COMPANY:

PLEASE STATE HOW YOU PLAN TO MARKET AND PROMOTE OUR PRODUCT, AND HOW MANY UNITS YOU EXPECT TO SELL IN THE NEXT 12 MONTHS?