

AVON CABINET DEALER APPLICATION

Company Name: _____

Legal Type: Individual Partnership Corporation LLC Established: ___/___/___

Mailing Address: _____

Shipping Address: _____

Phone: _____ Fax: _____

Website address: _____ Cabinet/Design Technology: _____

Bus. Type: Dealer Designer Multi-Family Single-Family New Const. Reno

Licensed to do business in _____ counties in the State of _____

Est. Annual Avon Purchases \$_____ Sales Tax Exempt: Y N

*****PRINCIPALS, PRIMARY MANAGER(S) AUTHORIZED TO ORDER*****
(Email for order confirmations to be sent)

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Key Department Representatives

Shipping: _____ Email: _____

Payables: _____ Email: _____

Authorized Signature

Title