



DEALER APPLICATION

Atlas California Trading INC

17175 Von Karman Ave, Suite 101

Irvine, Ca. 92614

Tel: 949-250-7366

Fax: 949-250-7367

www.theatlasstore.com

www.atlasairpurifier.com

<i>COMPANY & CONTACT INFORMATION</i>			
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#		
<i>SUPPLEMENTAL INFORMATION</i>			
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"/> Catalog <input type="checkbox"/>	Website <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 <input type="checkbox"/> No <input type="checkbox"/>	
Do you provide technical service for any products sold?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your policy on product returns?			
Annual company revenues from prior year?			
Do you carry liability insurance? If so, how much?		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____

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