



IMPRESSIVE

**BASEMENT
SYSTEMS**

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www.ImpressiveBasements.com

DEALER APPLICATION

**You Must Complete all Sections or this Form will be RETURNED
SIGNED CERTIFICATE OF RESALE MUST ALSO BE ATTACHED**

Company _____

Subsidiary Of _____

Street _____

Type of Business _____

P.O. Box _____

Resale/Sales Tax No. _____

City _____ ST _____ ZIP _____

SS# _____ or EIN _____

Email _____

Purchasing Name/Phone/Fax _____

of Years in Business _____

of Employees _____

Check One: Corporation Partnership Proprietorship

Business Operates From
 Own Building Office Building Home Other

Other Locations: Yes No How Many? _____

Please List Your Trade References Below

Company _____

Company _____

Address _____

Address _____

City _____ ST _____ ZIP _____

City _____ ST _____ ZIP _____

Phone _____

Phone _____

Doing Business Since _____

Doing Business Since _____

Company _____

Company _____

Address _____

Address _____

City _____ ST _____ ZIP _____

City _____ ST _____ ZIP _____

Phone _____

Phone _____

Doing Business Since _____

Doing Business Since _____

I certify that all statements are correct and I authorize Impressive Basements to investigate and verify this information.

Signature _____

Title _____

Printed Name _____

Date _____

Do you carry liability insurance? _____

What other products do you represent?

How many sales people do you have? _____

Do you have a selling system in place? If yes, what is it?

What percentage of your closes take the following number of visits:

1st _____

2nd _____

3rd _____

4 or more _____

Do you have a storefront? If yes, how many square feet? _____

Do you have a showroom? If yes, how many square feet? _____

Do you have a website? If yes, what is the URL? _____

What kind of advertising do you use?

Do you currently finish basements? If yes, what type of material?

What trades do you currently employ?

Would you be interested in estimating to work order and lead/advertising tracking software? _____