

Castlewood[®]

Design Enhancements

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DEALER APPLICATION

Date: _____

COMPANY Name:		Shipping Address:	
Contact:		Street:	
Billing Address:		City:	
Street:		State:	Zip:
City:		Phone:	
State:	Zip:	Email:	

To be considered for Authorized Dealer status the following questions must be answered by applicant

1	Do you have a showroom?
2	Do you have a warehouse?
3	What market area do you serve?
4	How many employees do you have?
5	Do you offer Design Services?
6	Do you offer installation?
7	How many Kitchens do you install annually?
8	How many Baths do you install annually?
9	What Cabinet lines do you offer?
10	What other services do you provide?
11	What are your Annual Sales?

Signature: _____

Title: _____

This section to be filled out by Castlewood Sales Manager

Approval:		Effective Date:	
Discount Multiplier:		Terms:	
Sales Rep:		Credit Limit:	

Signature: _____

Castlewood by AMS
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