



DEALER REGISTRATION FORM

DATE _____

1. How did you learn about us? _____

2. Name: _____ Position: _____

3. Company Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____ Fax: _____

Email: _____ Website: _____

4. Please describe your products and/or services: _____

5. How do you currently market to your customers? _____

6. Do you sell online? _____ Do you plan to add LightningAir to your website? _____

7. If LightningAir is added to your product line, what are your marketing plans? _____

8. How long has the company been in business? _____

9. What type of company? Corporation ___ Partnership ___ Sole Proprietorship ___

10. Tax ID # _____

11. To become a dealer, in addition to an initial minimum order of 4 units, you and your company must abide by all present and future LightningAir marketing guidelines:

I agree _____ I disagree _____

Signature

Title