



Confidential International Dealer Application

Please fill out and fax back to 610-497-9328

Please fax a Certificate of Liability Insurance.*

Company Name: _____

Owner: _____ Telephone: _____

Headquarters Address: _____ Facsimile: _____

_____ E-mail: _____

City: _____ Postal Code: _____ Website: _____

Primary Contact: _____ Telephone: _____

Nature of Business: Pool Builder Number of Pools built last year: _____

Pool Service Co Number of Pools serviced last year: _____

Spa Dealer Number of Spas sold last year: _____

Distributor Other: _____

of Employees: _____ Gross Annual Revenue: \$_____ Showroom/Storefront? (Y / N)

Type of Business Entity: Sole Proprietorship Partnership Corporation (State _____)

Name of Person authorized to sign contracts: _____

Title: _____

Please list four (4) vendors with whom you do business:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

Pool Industry Organization Memberships: _____

Please list additional location on back or attach to locations list.

* Certificate of Liability Insurance is mandatory in order to start processing this application.