

# DEALER SIGN UP FORM



Dealer Number \_\_\_\_\_

Skylight Solutions USA

Sales Rep \_\_\_\_\_

Date \_\_\_\_\_ Business \_\_\_\_\_

Area Coverage \_\_\_\_\_ Business Type \_\_\_\_\_

## PRODUCTS INTERESTED IN

|                    |                |             |
|--------------------|----------------|-------------|
| Liquisol 4EverBlue | 2white         | 4 EverGreen |
| Liquisol 4EverDark | Facade5Finish  | Insul8Deco  |
| 3Seasonsblue       | Facade5Protect | Other _____ |

## BILLING ADDRESS

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number \_\_\_\_\_ Contact Email \_\_\_\_\_

## SHIPPING ADDRESS *(if different from billing)*

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

## SHIPPING INFO

Residential

Billing

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

FedEx / UPS Account #: \_\_\_\_\_

Other \_\_\_\_\_

Can Accept LTL Shipments.

If yes, Loading Dock Fork Lift

The following form authorizes Skylight Solutions USA to charge your credit card for the amount of your order. All sales are final and no credits can be issued without contacting our office and receiving written confirmation.

**BILLING INFO:** Other \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CASH CHECK # \_\_\_\_\_

VISA MC AMEX: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

## TAX INFO

State Resale Tax ID #: \_\_\_\_\_

or

W9 #: \_\_\_\_\_

Certification attached

Please provide a copy of a current state certificate or state exemption or Skylight Solutions will charge tax.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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