



### Distributor Application

To: Integral Lighting

Date:

Fax: 800.388.2898

In order for us to determine your eligibility for distributor information, please complete all sections and return this form along with a **copy of your business license or tax permit on your company's letterhead.**

**This application constitutes a review of your eligibility for Distributor status only.** Upon establishing a business relationship with Integral Lighting, a credit application may be requested.

A. Full Company Name \_\_\_\_\_

B. Business Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

C. Business Phone(\_\_\_\_\_) \_\_\_\_\_ BusinessFax(\_\_\_\_\_) \_\_\_\_\_

D. Description of activities \_\_\_\_\_

E. Website \_\_\_\_\_ Email Address \_\_\_\_\_

F. Distributor of the following product lines  
\_\_\_\_\_  
\_\_\_\_\_

G. Two Trade references required

Company:		Company:	
Address:		Address:	
City:	State/Zip:	City:	State/Zip:
Ph:	Fax:	Ph:	Fax:

H. How did you hear about us?

- Contractor
- Magazine (specify) \_\_\_\_\_
- Internet
- Architect
- Other \_\_\_\_\_

Submitted by: \_\_\_\_\_