

ZEN Wholesale Cabinetry

DEALER/CONTRACTOR INTAKE FORM

Business Name _____ Position/Title: _____
Address _____ Primary Contact Name: _____
City / State / ZIP: _____ Email: _____
Business Phone: _____ Phone _____

Business Type: ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation EIN _____

Average Monthly Cabinet Sales Volume (Units or \$) _____ Do You Provide Installation ☐ Yes ☐ No

Do you currently work with other cabinetry brands? ☐ Yes ☐ No If yes, please list _____

Do you have a showroom? ☐ Yes ☐ No If yes, what's the location _____

Service Area (Cities/States): _____

How did you hear about ZEN Wholesale Cabinetry? ☐ Google ☐ Facebook ☐ Walk-In ☐ Other/Referral

Referred by or heard from: _____

Which ZEN products are you most interested in? ☐ Cabinets ☐ Quartz ☐ Flooring

Are you tax-exempt? ☐ Yes ☐ No Do you carry business liability insurance? ☐ Yes ☐ No

Preferred delivery method: ☐ Delivery ☐ Direct to Job Site ☐ Will Call ☐ Pick-Up

Anything else we should know about your business or goals?

I certify that the information provided is accurate and truthful to the best of my knowledge. I understand that this information is used only by ZEN Wholesale Cabinetry for verification, communication, and partnership purposes. This form may only be revised once after submission.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____