

# 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?

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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: \_\_\_\_\_