DEALER APPLICATION

CONTACT INFORMATION

Company:		
Contact Name:		
Contact Title:		
Current address:		
City:	State:	ZIP Code:
Telephone:	Fax Number:	Other Phone:
E-Mail Address:	Website Address:	

COMPANY EXPERIENCE

Years in Business: _____

No. of Locations: _____

Breakdown of Sales: Residential Docks____% Commercial Docks____%

Dock Service & Repair (re-floats, re-surface, etc) ____%

Dock Accessories ____%

What Dock Types Do You Sell? Floating Docks ____% Fixed/Roll-in Docks _____%

Do You Manufacture Own Docks? Yes No *(Please circle)* If No, What Dock Vendor Do You Use _____

Please Estimate Annual Numbers of:

Dock Systems Sold:
- ☐ 5 or less
- ☐ 6 to 10
- ☐ 11 to 20
- ☐ 20 or more

Dock Floats Sold:
- ☐ Less than 100
- ☐ 100 – 199
- ☐ 200 or more

My Current Product Vendors are: Dock Floats _____ Dock Accessories _____

Non-Wood Decking Materials _____

I Can Sell & Service The Following Areas & Lakes: _____

_____

_____

My Marketing Activities Include: Onsite Calls ☐ Retail Storefront ☐ Direct Mail ☐ Print Ads ☐ Marine Associations ☐
(check all that apply)

Additional Information You Would Like Us to Consider:

Date: _____ Authorized Signature _____

Please Print Name _____

Thank You. We will be in touch shortly.

The information to be shared between Dock Shops, TIGOR,Inc., sponsoring manufacturers and you is confidential. By signing and submitting this request, you agree that any such disclosure is made only upon the following terms and conditions: All such disclosures (whether oral, written or otherwise) made by sponsoring manufacturers are deemed to be confidential and secret. All Proprietary Information disclosed to you is for your evaluation purposes only. You agree not to make, directly or indirectly, any commercial or other use of such Proprietary Information without the manufacturer's prior, express, written permission.

Email