



Trade Enrollment Form:

Business Name: _____

Type of Business: _____

Business Address: _____

Contact Name/Title: _____

Contact Phone #: _____

Contact E-mail: _____

Search Engine Used to Find Us (eg. Google, Yahoo, MSN, etc): _____

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Resale License Information or Contractor License Information:

Resale or Contractor License Number:

Issued by what U.S. state? _____

Expiration date: _____

By submitting this form, you certify that all of the above is correct, that you are a licensed professional, and that all products purchased from us are for resale only.

Signature: _____

Date: _____

Thank you – please fax to us at (704) 759-1259 and you will be notified of your enrollment status shortly.