A.P.E.C.S.

ADVANCED PAVER EDGE CONTAINMENT SYTEM

PRODUCT DEALER APPLICATION

Thank you for your interest in Apecs Solutions Inc! To become a Apecs dealer, please complete this application. Upon approval your company will be able to purchase Apecs at dealer prices. Incomplete applications will not be considered for dealer approval, so please be thorough as possible. This information is necessary to protect our dealers from private parties purchasing at dealer prices as well as to help process your orders quickly.

STORE INFORMATION

Your Business is: ☐ Solely Owned ☐ Partnership ☐ Corporation ☐ LLC

Company name:_____

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Business Phone: ( )_____ **Fax:**_____

State sales tax number:_____ **FEIN#**_____

Purchasing Manager:_____

Email Address:_____

Website:_____

Owners Information

Please list name of all Owners(Principals)

Name:_____ **Name:**_____

Cell #_____ **Cell #**_____

Name:_____ **Name:**_____

Cell #_____ **Cell #**_____

Number of years in business_____ **# of Employees**_____

Signature:_____ Position:_____ Date:____