



Dealer Application

Company Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Name of Owners, Partners or Officers

Name _____ Title _____

Name _____ Title _____

Company Information

Average number of pools completed annually: _____

Years in operation: _____

Number of employees: _____

Types of Licenses the company holds: _____

Are you an APSP Member? _____

Local/Regional Memberships? _____

How many BioDesign pools do you expect to build annually? _____

Trade References

Company: _____ Company _____

City/State _____ City/State _____

Phone _____ Phone _____

Fax _____ Fax _____

Contact _____ Contact _____

Company: _____ Company _____

City/State _____ City/State _____

Phone _____ Phone _____

Fax _____ Fax _____

Contact _____ Contact _____