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 TEL#: 1-954-379-8241 FAX#: 1-954-379-8243

## NEW DEALER INFORMATION

COMPANY INFORMATION			
Name of Firm		Telephone#:	Fax#:
Street Address Zip	City	County	State
Billing Address, If Different Zip	City	County	State
E-Mail Address		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Government Incorporated in State of _____	
Account Payable Contact		Type of Business	Yrs. In Bus.      Federal Tax No.
Parent Company Name & Address (If Branch, Subsidiary, or Division) City Zip		County	State
		Resale (if yes, submit with tax exemption Card) <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> BOTH	

OFFICERS/PRINCIPALS OF COMPANY		
Name	Title	Ownership %

## FOR OFFICE USE ONLY


Signature:

Date: