



DEALER APPLICATION FORM

I -185

Office Use Only		
Account Number:		
Multiplier:	Date:	
Independent Rep:	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROCRAFT CABINETRY FLORIDA T: [754] 212 2277 | F: [754] 212 2270
1850 S Powerline Rd | Deerfield Beach | FL

www.procraftmiami.com | [f](#)@procraftflorida [@](#)@procraftflorida | Youtube Channel:@procraftflorida

BUSINESS ACCOUNT INFORMATION

Company name:		Year business started:	Tax ID:
Company Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Email:	
Contact Person:		Website:	
Lines Carried:			
What type of contractor are you? <input type="checkbox"/> Showroom <input type="checkbox"/> Builder <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Dealer			
If you check Showroom. How many SQTF your showroom has? :		Average Kitchen[s] per Month:	

OWNER ACCOUNT INFORMATION

Owner name:	Cell phone:	Email:
Owner Address:		

REFERRAL INFORMATION

How did you hear about us?	<input type="checkbox"/> Website	<input type="checkbox"/> Social media	<input type="checkbox"/> Event Show	<input type="checkbox"/> Other:
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Do you remember which team member take care of you?

AGREEMENT

The undersigned here in fully authorize **ProcraftCabinetryFlorida,LLC** to inquire and verify any data/information pertaining to the trade references listed above upon signing and submitting this application.Business license/ registration/ certificate to be provided upon request.

Signature

Name: _____ Title: _____

Date: _____

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