



**Transparent Protection Systems, Inc.**

6643 42<sup>nd</sup> Terrace North, West Palm Beach, FL 33407 phone 561-844-2445 fax 561-844-2447

**Dealer Application** DATE \_\_\_\_\_

Please provide the following information to help us define your company profile in order to better serve your business needs in the future. All information will be kept strictly confidential.

Company Name \_\_\_\_\_

Street \_\_\_\_\_ Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Owners or Officers

Name _____	Name _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Title _____ Phone( ) _____	Title _____ Phone( ) _____
Social Security # _____	Social Security # _____

Name _____	Name _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Title _____ Phone( ) _____	Title _____ Phone( ) _____
Social Security # _____	Social Security # _____

Please list names of anyone authorized to purchase materials

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name of Individual Responsible for Accounts Payable _____	

Company History

Date business started \_\_\_\_\_  
 Years under current management \_\_\_\_\_  
 Number of years at this location \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Is your company a:  Corporation  Partnership  Proprietorship  
 Year incorporated \_\_\_\_\_ State \_\_\_\_\_ Is this a division, subsidiary, or in anyway affiliated  
 with another company?  Yes  No

If yes, explain briefly \_\_\_\_\_  
 Estimated sales volume \$ (optional) \_\_\_\_\_

Estimated monthly purchases from TPS, Inc. \_\_\_\_\_

Dealer Profile Information

1. What Company currently supplies the following products to your business?

- a. Clear Polycarbonate Panels \_\_\_\_\_
- b. Steel Panels \_\_\_\_\_
- c. Aluminum Panels \_\_\_\_\_
- d. Accordion Shutters \_\_\_\_\_
- e. Roll up Shutters \_\_\_\_\_
- f. Bahama Shutters \_\_\_\_\_
- e. Other \_\_\_\_\_

2. Is your business engaged in other industries? (If yes, please list) \_\_\_\_\_  
\_\_\_\_\_

3. Who does your company purchase the majority of its metal extrusions from:

^ Eastern Metals \_\_ Town & Country \_\_ Cameron Ashley \_\_ Benada \_\_ Indalex \_\_ Other \_\_

4. a. Which best describes your business location?

^ Private home ^ Shopping Plaza ^ Commercial or Warehouse ^ Other \_\_\_\_\_

b. Do you have a showroom? ^ Yes ^ No

5. Are your installers direct employees \_\_ or are they independent contractors \_\_?

6. Is your Company Licensed and Insured? Yes \_\_ No \_\_  
License type \_\_\_\_\_ License# \_\_\_\_\_ Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_

7. Do you have Workers Comp? Yes \_\_ No \_\_ Policy # \_\_\_\_\_

8. Does your Company get permits for every job? Yes \_\_ No \_\_ If No, explain

9. How many of your employees are in sales? \_\_\_\_\_

10. Where do you consistently Advertise? Newspaper \_\_ Radio \_\_ TV \_\_ Direct Mail \_\_ None \_\_

11. Are most of your jobs on a custom ordered basis or do you fabricate? \_\_\_\_\_

12. Does your Company belong to the IHPA or any other Trade Association? \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

\*\* e-mail address \_\_\_\_\_

Please return by mail or by fax (561) 844-2447