

# Company Profile

Company Name: \_\_\_\_\_  
DBA(if applicable): \_\_\_\_\_  
Owner(s)/President: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Providence: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_  
Tax/Federal ID#: \_\_\_\_\_ Resale#: \_\_\_\_\_ (Please fax a copy)

## Shareholder/Partner/Principles

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Providence: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Providence: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

How Long in Business? \_\_\_ Years \_\_\_ Months      Number of Employee's: \_\_\_\_\_

Annual Sales:    < \$150K    \$150-500K    \$500K-1M    \$1M-5M    > \$5M

Bank Name: \_\_\_\_\_

Contact(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Providence: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_



Sales 888.875.4759 (iSky)  
Fax 847.446.9191  
iSkyPanels.com



## Company Profile

**Please Check all that apply:**

I am a:  Dealer  Distributor  Rep  Contractor  Other \_\_\_\_\_

Doing Business out of:  Residence  Commercial Building  Retail Shop  
 Showroom  Other: \_\_\_\_\_

Do you have a showroom?  Yes  No

Do you produce a catalog of products you carry?  Yes  No

Do you sell of the Internet?  Yes  No

Do you have a warehouse?  Yes  No

What is your business focus/core?  Lighting  Home Theater  Commercial  
 Residential  Pro Audio  Healthcare  Other: \_\_\_\_\_

Shipping Info (If you answer yes to any of the following, please provide in space below)

Is your shipping address different from your mailing address?  Yes  No

If you are located outside the United States, do you use a freight forwarder?  Yes  No

Additional Notes/Instructions/Information:

_____	_____
_____	_____
_____	_____
_____	_____

**Must be Signed by an Owner, Principal, or Corporate Officer.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Please fax completed form to 847.446.9191 along with your re-seller certificate.



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