







Dear Basco Rep,

Customer Name \_\_\_\_\_ of \_\_\_\_\_ City, State \_\_\_\_\_

is seeking to become a Basco distributor. Please complete the following information and return to Basco (fax: 888-405-2726) as soon as possible. This information is required to complete the application process. Incomplete applications will be purged after 30 days.

Representative Information

Basco Rep Agency : \_\_\_\_\_
Name of Primary Responsible Sales Person: \_\_\_\_\_
Rep Phone # (orders) \_\_\_\_\_, \_\_\_\_\_
Rep Fax for acknowledgements: \_\_\_\_\_, Email: \_\_\_\_\_

Customer Information

Customer Approved to Sell \_\_\_\_\_
Estimated Yearly Sales Volume: \_\_\_\_\_
Field Information on New Customer: \_\_\_\_\_
Member of Buying Group: [ ] No [ ] Yes, Group Name \_\_\_\_\_ Group Number \_\_\_\_\_
Email for quote: \_\_\_\_\_ Fax # for quote: 9-1- \_\_\_\_\_
Email for acknowledgement: \_\_\_\_\_ Fax # for acknowledgement: 9-1- \_\_\_\_\_
Customer contact name (orders) \_\_\_\_\_ Phone# \_\_\_\_\_
Special Programs/Pricing: \_\_\_\_\_ Shipping Instructions:
[ ] Ship as ordered.
[ ] Hold for FFA

[ ] E-Status Password Requested [ ] E-Glass Password Requested
[ ] Restricted - Orders without pricing.
[ ] Full Functionality

Requested Terms \_\_\_\_\_ Requested Discount \_\_\_\_\_ Customer Type \_\_\_\_\_

Current Showroom Information: [ ] Has showroom [ ] Does not have showroom
# of doors in showroom: \_\_\_\_\_ # of Basco Doors in showroom: \_\_\_\_\_ # of Celesta Doors in showroom: \_\_\_\_\_
Fulltime Showroom Attendant: [ ] No [ ] Yes. If yes, trained in past year: [ ] No [ ] Yes
Method of training: [ ] Rep Trained [ ] Basco University [ ] Field Trained by Jason DeBruer
Showroom Primary Contact: \_\_\_\_\_ Email \_\_\_\_\_
Stock Basco Doors: [ ] No [ ] Yes

Other Shower Door Manufacturers Carried (list): \_\_\_\_\_ Fiberglass/Acrylic Manufacturers Sold (list): \_\_\_\_\_

Installation: [ ] Basco Installed [ ] Basco Trained Installer [ ] Others/None \_\_\_\_\_
Names of Certified Installers: \_\_\_\_\_ Comments/Additional Information: \_\_\_\_\_

For office use only:

Ship To: \_\_\_\_\_ Price As: \_\_\_\_\_ Sold To: \_\_\_\_\_ Invoice To: \_\_\_\_\_
Tax Group: 01 02 Tax Code: Y N Exempt Date: \_\_\_\_\_
Tax # 000000000 Tax # \_\_\_\_\_ Order Priority: \_\_\_\_\_
Division - 01 Country - USA Carrier Assignment: \_\_\_\_\_