

# ADJUST-A-VIEW®

Moveable Arches by Omega

Omega Mfg. Corporation

2720 18<sup>th</sup> Street

Two Rivers, WI 54241

(800) 874-9594

Fax: (920) 794-7418 [www.adjustaview.com](http://www.adjustaview.com)

**FAX COMPLETED FORM TO:**  
**(920) 794-7418**

or

**MAIL TO:**

**OMEGA MFG. CORPORATION**

**P.O. BOX 386**

**TWO RIVERS, WI 54241**

**ATTENTION: ACCOUNTING**

## DEALER APPLICATION

(Please complete all sections)

### 1. BUSINESS NAME & BILLING ADDRESS:

**Legal Business Name:** \_\_\_\_\_

**Doing Business As (DBA) Name:** \_\_\_\_\_  
(If different from legal business name.)

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**If phone/fax number are the same, call first?**  Yes  No

**Is shipping address same as billing address?**  Yes (skip to section 3)  No (complete section 2)

### 2. SHIPPING ADDRESS: (If you have more than one shipping address, please list on separate page.)

**Business Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Is shipping address:**  Residential (home, home office)  Commercial (storefront, office, warehouse)

### 3. RESALE PERMIT NUMBER:

**Resale permit number:** \_\_\_\_\_

**(Wisconsin businesses please attach a tax exemption certificate.)**

4. **PRINCIPLE BUSINESS ACTIVITY:** \_\_\_\_\_

**Do you have installation capabilities?**  Yes  NO (Call factory: (800) 874-9594)

**Please list brand(s) of shades that you carry:** \_\_\_\_\_

\_\_\_\_\_

5. BUSINESS INFORMATION:

Number of years in business: \_\_\_\_\_ Federal ID number: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

Home Addresses: \_\_\_\_\_

City, State, Zip Codes: \_\_\_\_\_

Home Phone Numbers: \_\_\_\_\_

6. CONTACT INFORMATION:

**Owner Contact Information:**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Key Contact Information** (for day-to-day issues):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

7. DEALER INFORMATION FOR ADJUST-A-VIEW® WEBSITE: (The ADJUST-A-VIEW® website, [www.adjustaview.com](http://www.adjustaview.com), has a "Dealer Locator" by zip code. End users enter their zip code and information for the dealers within 10, 25, or 50 miles comes up. Please enter information you desire to be listed on the website.)

Business Name: \_\_\_\_\_ Shop At Home only:  Yes  No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

8. AUTHORIZATION:

I understand the Dealership requires that only the dealer's installation personnel will install the ADJUST-A-VIEW® window treatments. The dealer's customers will not do any of the installing. I have read the Dealer Information (on the website) and understand it.

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

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