ADJUST-A-VIEW®
Movable Arch Window Treatments

Phone: (800) 874-9594   Fax: (920) 717-0139
www.adjustaview.com

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 section2)

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, 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:** _____

Revised: October 2024