

# Distributor / Dealer Profile

Revised 1/31/2019



<p>Company Name _____</p> <p>Owner _____</p> <p>Company Phone _____ Company Fax _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Shipping Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>Year Started _____ SMART Sales Representative _____</p> <p>Owner - Phone _____ Extension _____ Owner - Email _____</p> <p>Main Contact _____</p> <p>Main Contact - Phone _____ Extension _____  <small>ex: (999) 999-9999 -or- 9999999999</small></p> <p>Main Contact - Cell Phone _____ <small>ex: (999) 999-9999 -or- 9999999999</small></p> <p>Main Contact - Email _____ <small>ex: name@domain.com</small></p> <p>Web Address _____</p>
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Account Potential _____	Gross Sales Projected _____
Other Cabinet Lines Sold _____	Computer design program used _____



Sales / Designer

Name _____	Phone _____	Extension _____	Email _____
Name _____	Phone _____	Extension _____	Email _____

Customer Service

Name _____	Phone _____	Extension _____	Email _____
Name _____	Phone _____	Extension _____	Email _____

Order Entry

Name _____	Phone _____	Extension _____	Email _____
Name _____	Phone _____	Extension _____	Email _____

Accounting Accounts Payable

Name _____	Phone _____	Extension _____	Email _____
Name _____	Phone _____	Extension _____	Email _____

Shipping / Receiving

Name _____	Phone _____	Extension _____	Email _____
Name _____	Phone _____	Extension _____	Email _____

Please fax or email completed form to Amy Wells:

fax (866) 539-9080  
 amywells@smartcorpllc.com