



SolarUS, Inc.
965 West Main Street
Branford, CT 06405
Phone (203) 208-3533
Fax (203) 208-3531
Distributor Application

Please provide as much information as possible. We understand that you may deem some information confidential. If necessary, after initial review, if we need additional information we will contact you directly.

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Form of Organization _____

Name, Title and Email address of Key Contact _____

DUNS number _____

Approximate annual revenue \$ _____ Years in business _____

Please attach a list of other solar manufacturers that you represent and approximate yearly volume (including BOS manufacturers).

Are you primarily ___ Residential ___ Commercial ___ Government ___ Institutional (if multiple, please provide approximate percentages)

Geography you currently cover and desired geographic area for SolarUS, Inc. distribution

Estimated annual SolarUS, Inc. orders of collectors \$ _____

Estimated annual BOS orders \$ _____

Number of solar product salespeople ___ Number of solar product dealers ___

Do you call on ___ Architects? ___ Engineering Firms? Do you advertise (approximate budget)? _____

Do you provide training to dealers? _____ Do you provide installation services? _____

Other information to assist SolarUS, Inc. in evaluating this application:

We hereby acknowledge that his application does not obligate SolarUS, Inc. in any manner and that it has been completed to the best of my knowledge and belief.

Name

Title

Signature

Date