



Interested In Becoming A DockinaBox® Dealer?

Contact Information:	Date:
Owner/Principal Name:	
Email Address:	
Phone Number 1	Phone Number 2
Sales Manager Name	
Email Address	

Company Information:			
Company Name:		Number of Locations:	
Address 1			
Address 2			
Business Type:		Number Of Years In Business:	
Current Product Lines:			
Total Annual Revenue:			
Do You Currently Carry a Line of Docks?		Y / N	Total Dock Sale Revenue:
Projected Annual Dock Sales Revenue:			
Proposed Sales Territory			
Number Of Existing Sales Staff:		Installation Services Available	Y / N
Amount Spent on Marketing/Advertising Annually:			
Summer Hrs Of Operation: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____			
Winter Hrs Of Operation: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____			
Comments:			

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