



BECOME A DEALER

| Company Name: * | |
|---|--|
| Contact Person: * | |
| | |
| Address: * | |
| | |
| State: * | |
| Post Code: * | |
| | |
| Telephone: * | |
| Mobile: | |
| Fax: * | |
| Email address : * | |
| Website address: | |
| | |
| Number of Years In Business: * | |
| Number of Employees: * | |
| | |
| Description of Trading Area * (Customer Base, Neighbouring | |
| Businesses, etc): | |

| Description of Retail Location * (Size, Hours of Operation, etc): | | |
|--|---|--|
| What other products / product lines do you sell? * | | |
| I declare that the information I have provided on this application is complete and correct.* | | |
| Name: | _ | |
| Position: | | |
| Signature: | Date: | |
| Privacy: All Information provided will be used only for the purp and services to you better as a customer. | pose of processing your orders and for statistical purposes to improve our site | |

Phone: 02 9727 7819 Fax: 02 9727 7821 Email: sales@dhz.com.au

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