

# LIFTSAFE FALL PROTECTION DEALER REGISTRATION FORM



Please complete this form along with the Dealer Credit Application in full and email them to your Liftsafe Fall Protection sales representative.

## REGISTRATION INFORMATION:

Application for (please check one):                      New Dealer                      Additional Branch Office

Please check all that apply:

Netting Products:      Yearly Sales Goal \$ \_\_\_\_\_      RoofGuard Products:      Yearly Sales Goal \$ \_\_\_\_\_

If you checked "Additional Branch Office" above, please answer the following questions:

1. Will Purchase Orders be issued from this office?      Yes                      No
2. Will billing be handled from the office?      Yes                      No  
If "no", which office? \_\_\_\_\_
3. Who is the "billing" contact person? \_\_\_\_\_

## COMPANY INFORMATION:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, Province, Postal Code: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, Province, Postal Code: \_\_\_\_\_

**KEY PERSONNEL:** *Please list the name and position of all personnel that should receive Liftsafe Fall Protection literature updates and mailings. Please be sure to note inside sales reps (ISR) and outside sales reps (OSR)*

Main Order Contact: \_\_\_\_\_ Position: \_\_\_\_\_  
Sales Manager: \_\_\_\_\_ Position: \_\_\_\_\_  
Sales Person: \_\_\_\_\_ Position: \_\_\_\_\_  
Sales Person: \_\_\_\_\_ Position: \_\_\_\_\_

**RELATED PRODUCTS:** *Please list three related product lines that would be used in conjunction with or to complement the Liftsafe Fall Protection product line.*

1. Product Line: \_\_\_\_\_ Estimated \$ Volume per year: \_\_\_\_\_
2. Product Line: \_\_\_\_\_ Estimated \$ Volume per year: \_\_\_\_\_
3. Product Line: \_\_\_\_\_ Estimated \$ Volume per year: \_\_\_\_\_

**As a requirement of becoming an authorized dealer for Liftsafe Fall Protection, Netting and/or RoofGuard products, I agree to allow a Liftsafe Fall Protection sales rep or other technical trainer to do a one (1) day training seminar at a location of our choosing within the next three (3) months.**

Signature (Sales Manager or President): \_\_\_\_\_ Date: \_\_\_\_\_

*Executed documents sent via email in PDF format and all signatures therein will be deemed originals for all purposes.*