



All dealers must pass preliminary check to make purchases with wholesale direct price. Please be so kind and fill out the form below. Once your dealer account is approved, one of our partner success managers will contact you with welcoming package.

Sign and date indicates that you agree to the terms and conditions. This application is submitted to obtain purchasing privileges and I/We certify that all information here is true and complete. The number shown in the form is correct associated with applicant and entity's legal profile. I/We agree that this account will only be used to purchase merchandise for commercial or business purposes, not for personal usage.

# ALICE CABINETRY DEALER APPLICATION

Company Name:

Choose One:  LLC  Corporation  
 Partnership  Sole Proprietorship

Tax Exempt:  Yes  No

Resale Certificate #:

Contractor License#:

Billing Address:  City   
State  Zip Code

Shipping Address:  City   
State  Zip Code

Contact Person :

Phone Number:

Fax Number:

Email Address:

Type Of Business:  Retailer  Remodeler  Contractor  
 Designer  Distributor  E-Commerce  
Other:

Years In Business:

Have A Showroom:  Yes  No

Show Room Address:  City   
State  Zip Code  Size

Print Name :  Title :

Signature:  Date: