

WHOLESALE APPLICATION

ACCOUNT POLICY: To qualify as a Doc-Box® wholesale dealer, businesses must meet ALL of the following account requirements:

1. Must have a physical retail storefront. This would be a business-occupied building/store space open to the general public full-time during normally accepted business hours, for retail sale to end-users of the product, such as builders, contractors, homeowners and the general public. (DHR does not knowingly extend wholesale pricing of the Doc-Box® to internet-only or catalog-only companies, individuals who operate out of their homes, or individuals who wish to purchase solely for their own use or for that of their friends.)
2. Must carry a complete line/inventory of building/construction materials, such as tools, lumber, signage and/or other building supplies and products, and must stock our product in quantity or resale similar construction materials and/or signage.
4. Must be able to furnish two photographs of the business: one of the exterior building and store sign, and one of the interior of the building including inventory and fixtures **only if requested**.

We assure you that any and all information you submit will be considered confidential. All applications are subject to approval and submittal or acceptance for processing does not signify or otherwise constitute our approval of the application.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER'S NAME: _____ EMAIL ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

COMPANY TYPE: (check one) _____ Sole Proprietorship _____ Partnership _____ LLC _____ Corporation

FEIN: _____ RESALE CERTIFICATE #: _____ (attach copy of certificate)

YEAR BUSINESS ESTABLISHED: _____ DO YOU REQUIRE PURCHASE ORDER NUMBERS? Y N

AUTHORIZED BUYERS: _____

STORE HOURS: _____ WEBSITE: _____

How long has the above named business been operating under this name? _____

How long has the present owner been operating this business? _____

What were your total annual sales for the last calendar year? _____

Check the following products that you carry in your retail store:

- | | | | | |
|---------------------------------------|--|--|--|--|
| <input type="checkbox"/> Lumber | <input type="checkbox"/> Lighting Fixtures | <input type="checkbox"/> Masonry | <input type="checkbox"/> Electrical Products | <input type="checkbox"/> Roofing Materials |
| <input type="checkbox"/> Hand Tools | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Doors & Windows | <input type="checkbox"/> Security Hardware | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Rebar & Remesh | <input type="checkbox"/> Underlayment | <input type="checkbox"/> Moldings & Trim | <input type="checkbox"/> Decking |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Large Machinery | <input type="checkbox"/> Paint & Stain | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Other: _____ | | | | |

IF YOU ARE A MEMBER OF ANY BUYING ORGANIZATION, PLEASE LIST COMPANY AND YOUR DEALER/MEMBER NUMBER:

_____ DEALER/MEMBER # _____

Please attach a current resale certificate, and be sure you have reviewed, understand and agree to all the above outlined account policies. A separate application is used for credit with DHR Industries, Inc. Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize DHR to make any and all inquiries necessary to process this application.

PRINTED NAME & TITLE of authorized representative: _____

SIGNATURE of authorized representative: _____ DATE: _____