



Thank you for your interest in becoming an authorized dealer for ROCKGLASS.
Please tell us about yourself! Email PDF to info@rockglass.ca

BASIC INFORMATION

Business owner(s)

First name

Last name

Business name

Contact number

Contact email

Company website

Company address

Street address

Street address 2 (optional)

City

Postal / ZIP code

State / Province

Country

COMPANY PROFILE (continued on next page)

Type of Business

How long have you been in business for?

Please list the services/products you currently provide:

Please provide a short description of your company:

How did you hear about ROCKGLASS?

If **other**, please specify:

Please select your current interest level in becoming a ROCKGLASS dealer:

- Ready to start selling NOW
- Looking to start selling within 3 months
- Looking to start selling within 6 months
- Looking to start selling within 12 months
- Only researching dealer opportunities right now

Who is your primary selling audience?

How big is your team?