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Luxury Spas, Inc.  
863 Broadway • Lorain, OH • 44052  
Phone: 877.721.7727 • Fax: 440.245.1383  
Email: [sales@luxuryspasinc.com](mailto:sales@luxuryspasinc.com) • Website: [www.luxuryspasinc.com](http://www.luxuryspasinc.com)

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***New Dealer Application Form***

**We are always looking for new dealers to represent our product line. If you are interested in becoming a dealer of Luxury Spas, Inc products, please complete this form. Please fax the completed form to: 440.245.1383 or email to [sales@luxuryspasinc.com](mailto:sales@luxuryspasinc.com). A representative will contact you shortly. Thank You for your time and interest.**

**COMPANY INFORMATION**

Company Legal Name: _____
DBA: _____ Phone: _____ Fax: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____ Web Site: _____
Shipping Address: <input type="checkbox"/> <input type="checkbox"/> check if same as billing address _____
City: _____ State: _____ Zip: _____
Type of Business: <input type="checkbox"/> <input type="checkbox"/> Corporation <input type="checkbox"/> <input type="checkbox"/> Partnership <input type="checkbox"/> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> <input type="checkbox"/> LLC <input type="checkbox"/> <input type="checkbox"/> Other _____
Date Business Commenced: _____ Years at Present Location: _____
Federal Tax ID #: _____

**PRINCIPAL CONTACT INFORMATION:**

Name: _____
Title: _____
Email: _____
Phone: _____ Fax: _____

**BUSINESS TRADE REFERENCE:**

Company: _____ Acct #: _____ Phone: (____) _____ Fax: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Company: _____ Acct #: _____ Phone: (____) _____ Fax: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Company: _____ Acct #: _____ Phone: (____) _____ Fax: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Company: _____ Acct #: _____ Phone: (____) _____ Fax: (____) _____
Address: _____ City: _____ State: _____ Zip: _____

**BUSINESS PRACTICES:**

Primary Market: \_\_\_\_\_

Primary means of marketing: \_\_\_\_\_

Number of Physical Stores: \_\_\_\_\_

Physical Store Address:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\*If you have more than 5 storefronts, please attach a separate sheet

Where do you intend to sell Luxury Spas, Inc. Product line?

\_\_\_\_\_  
\_\_\_\_\_

Does your business have any experience selling this product line or similar?

If so, how many years? Which products?

\_\_\_\_\_  
\_\_\_\_\_

What other models/ brands/ products are you currently selling?

\_\_\_\_\_  
\_\_\_\_\_

**ACCOUNT POLICY**

Each Dealer will be on credit card basis only. Each Dealer will receive a unique discount code to be used at time of checkout. All orders must be placed online with the dealer's code.

Dealer Signature: \_\_\_\_\_ Date: \_\_\_\_\_