
Luxury Spas, Inc.
863 Broadway • Lorain, OH • 44052
Phone: 877.721.7727 • Fax: 440.245.1383
Email: sales@luxuryspasinc.com • Website: www.luxuryspasinc.com

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. 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: _____