



Byers Products Group

P. O. Box 270366
Okla. City, OK 73137
Ph: 405-491-8550
Fax: 405-491-0180
www.bpghome.com

Dear Prospective Dealer,

Welcome! We appreciate your interest in becoming an authorized dealer of our unique new Versa Lift & Versa Rail home improvement products. The Versa Lift & Versa Rail attic storage lift and attic stair railing are the perfect way to lift your profits! Please fill out all applicable areas of this Dealer Application Form and return to the fax above.

Please help us understand your business and clientele so that we might offer better recommendations to fit your market area and business customer base. (Please Type or Print Clearly)

Your Company Name: \_\_\_\_\_

- 1. What city(s) and/or towns do you actively sell into?
2. What forms of advertising do you engage in?
3. Do you exhibit in local trade shows?
4. Do you have outside salespeople?
5. How many Home Builders do you service as regular customers?
6. How many Home Remodeling Contractors do you sell to?
7. How many Homeowners do you sell direct to each month? Each Year?
8. To the best of your knowledge, what is the population of your market area (s)?
9. What other home/garage related products do you sell?
10. How many years has your company been serving your market?
11. Which category would your annual sales fall into?
12. Does your company install the products that you sell?

Please complete the following application pages and fax or mail them to my attention. We will process your application and respond as quickly as possible. Thank you again for your interest.

Richard Byers
V.P. & Marketing Director



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## BPG DEALER APPLICATION

(Please Type or Print clearly)

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Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a:  Business Address or  Residence Address (Please check one)

Email: \_\_\_\_\_ DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Structure: (check one)  Individual Owner  Partnership  Incorporated - Years in Business: \_\_\_\_\_

How long under present management? \_\_\_\_\_

Name(s) of Owner/Officers: \_\_\_\_\_

Owner/Officers Cont. \_\_\_\_\_

**Note:**  
Standard Dealership terms are payment by credit card at the time of order/shipment.

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**Tax Number Information:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Resale Sales Tax Permit Number: \_\_\_\_\_

Federal EIN Number: \_\_\_\_\_

Please Fax or Mail back to the Attention of: Richard Byers  
At the numbers above.