NATURI
Handcrafted Sandpools

INSTALLER APPLICATION

LEGAL BUSINESS NAME: _____
DBA (if any): _____
FEDERAL EIN: _____
STATE RESELLER NUMBER: _____

CONTACT NAME: _____
TITLE: _____

BUSINESS ADDRESS: _____
CITY: _____STATE: _____ZIP: _____

SHIPPING ADDRESS (if different): _____
CITY: _____STATE: _____ZIP: _____

BUSINESS EMAIL: _____

BUSINESS PHONE NUMBER: _____

BUSINESS WEBSITE: _____

SOCIAL MEDIA HANDLES
- FACEBOOK: _____
- INSTAGRAM: _____
- TIKTOK: _____
- OTHER: _____

INSTALLER SITE ACCESS
- REQUESTED USERNAME: _____
- EMAIL FOR LOGIN AND UPDATES: _____

BUSINESS STRUCTURE
Please circle:

LLC / CORPORATION / SOLE PROPRIETORSHIP / PARTNERSHIP

DATE OF FORMATION: ____

OWNERS/MEMBERS

NAME: ____TITLE: ____________________
PERCENTAGE OWNERSHIP: ______%
HOME STREET ADDRESS: ____
CITY: ____STATE: ______ZIP: _________
PHONE NUMBER: ____________________EMAIL: ________________________________

NAME: ____TITLE: ____________________
PERCENTAGE OWNERSHIP: ______%
HOME STREET ADDRESS: ____
CITY: ____STATE: ______ZIP: _________
PHONE NUMBER: ____________________EMAIL: ________________________________

NAME: ____TITLE: ____________________
PERCENTAGE OWNERSHIP: ______%
HOME STREET ADDRESS: ____
CITY: ____STATE: ______ZIP: _________
PHONE NUMBER: ____________________EMAIL: ________________________________

NAME: ____TITLE: ____________________
PERCENTAGE OWNERSHIP: ______%
HOME STREET ADDRESS: ____
CITY: ____STATE: ______ZIP: _________
PHONE NUMBER: ____________________EMAIL: ________________________________

NAME: ____TITLE: ____________________
PERCENTAGE OWNERSHIP: ______%
HOME STREET ADDRESS: ____
CITY: ____STATE: ______ZIP: _________
PHONE NUMBER: ____________________EMAIL: ________________________________

Additional owners may be listed on a separate page.

TRADE REFERENCES

BUSINESS NAME: ____
CONTACT NAME: ______________________________TITLE: __________________________
ADDRESS: ____
CITY: ____STATE: ______ZIP: _________
PHONE NUMBER: ____________________EMAIL: ____________________________________
TERMS OF PURCHASE:________AMOUNT OWING: _____PAST DUE: ____

BUSINESS NAME: ____
CONTACT NAME: ______________________________TITLE: __________________________
ADDRESS: ____
CITY: ____STATE: ______ZIP: _________
PHONE NUMBER: ____________________EMAIL: ____________________________________
TERMS OF PURCHASE:________AMOUNT OWING: _____PAST DUE: ____

BUSINESS NAME: ____
CONTACT NAME: ______________________________TITLE: __________________________
ADDRESS: ____
CITY: ____STATE: ______ZIP: _________
PHONE NUMBER: ____________________EMAIL: ____________________________________
TERMS OF PURCHASE:________AMOUNT OWING: _____PAST DUE: ____

Company Contacts

NAME: ______________________________________TITLE/ROLE: ____________________
EMAIL: __________________________________PHONE NUMBER: ___________________

NAME: ______________________________________TITLE/ROLE: ____________________
EMAIL: __________________________________PHONE NUMBER: ___________________

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