

Dealer Application

Company Name: _____

Your Name: _____

Address: _____

City : _____

Zip: _____

Phone: _____

Email: _____

Website: _____

Resale Certificate Number: _____

How did you hear about Reflectel?

If you sell any other TV Mirror Brands, please list:

What geographic areas do you primarily work?

What home automation system do you use?

Please list the contact information for any relevant team members:

What is your yearly volume of business?

Please list any upcoming projects of yours we'd be a good fit for:

Notes:

reflectel
The Ultimate Mirror-TV

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