

# XINGYAN FANS DISTRIBUTOR APPLICATION

## CONTACT/COMPANY INFORMATION

Contact Name:	Title:		
Company Name:	FEIN:-		
Business Address:			
City:	State:	Country:	ZIP Code:
Phone:	E-Mail Address:	Website:	

## COMPANY INFORMATION

Years in Business:	Est. Annual Revenue:
Geographical Markets Served:	
Types of Industries Served: <input type="checkbox"/> Military <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Warehousing <input type="checkbox"/> Design/Build	<input type="checkbox"/> Other (please be specific)
Your Current Product Offering:	

## SIGNATURES

I attest the information contained in this form is accurate at the time of reporting.	
Signature of applicant:	Date:

Thank you for taking the time to complete this distributor application. Please complete the form as accurately as possible and E-mail to [sales@largeceilingfan.com](mailto:sales@largeceilingfan.com)