

Wholesale/Dealer Application

Date:

Business Name _____

Type of business (circle one): DBA Partnership Corporation

Business owner name(s) (1) _____

(2) _____

Social Security numbers of principal business owner(s) or TIN

(1) _____ (2) _____

Business Address _____

City _____ State _____

Business phone () () () Business Fax () () ()

E-mail address _____ Website address _____

Is this a new business ? Yes or No

How many years/months in business ? _____

Business license number _____

Resale license number _____

Contractors license number _____

Signature _____ Signature _____

Email completed application to: info@hotsolars.com