



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: _____

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PERCENTAGE OWNERSHIP: _____ %
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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: _____

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ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____ EMAIL: _____
TERMS OF PURCHASE: _____ AMOUNT OWING: _____ PAST DUE: _____

Company Contacts

NAME: _____ TITLE/ROLE: _____
EMAIL: _____ PHONE NUMBER: _____

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