



DEALER APPLICATION FORM

Please return completed forms to sales@empirecleanenergy.com or fax to: 631-589-4384 Attn: Sales

Business Name: _____

Accounts Payable

Contact Name: _____
FIRST LAST TITLE

Address: _____
STREET CITY STATE ZIP

Telephone 1: () _____

Telephone 2: () _____

Fax: () _____

E-mail: _____

Resale Number: _____

License Number: _____
NUMBER TYPE
COUNTY STATE

ANNUAL SALES
Projected: _____
CURRENT YEAR

Last Year: _____
TOTAL SALES

How did you hear about us? _____

I would like to receive new product information, special offers, training schedule alerts, and new leads via e-mail.

Interested In:

Photovoltaics (Solar Electricity)

Solar Thermal (Domestic Hot Water)

3 Trade References

1a) _____
COMPANY CONTACT NAME FAX

1b) _____
EMAIL PHONE

2a) _____
COMPANY CONTACT NAME FAX

2b) _____
EMAIL PHONE

3a) _____
COMPANY CONTACT NAME FAX

3b) _____
EMAIL PHONE

Please send Proof of Insurance and Business Certificate along with completed dealer form.
Failure to send these forms will result in a processing delay.

I, _____, on behalf of my company, would like to become an approved dealer for EMPIRE CLEAN ENERGY SUPPLY.

OWNER'S SIGNATURE PRINT NAME TITLE DATE

PERSON FILING SIGNATURE PRINT NAME TITLE DATE

IF PERSON FILING IS DIFFERENT THAN OWNER, FILL THE SECOND LINE IN ADDITION
Approved dealers will receive trade pricing based on their dealer level.