

ADJUST-A-VIEW®

Moveable Arches by Omega

Omega Mfg. Corporation

2720 18th Street

Two Rivers, WI 54241

(800) 874-9594

Fax: (920) 794-7418 www.adjustaview.com

FAX COMPLETED FORM TO:
(920) 794-7418

or

MAIL TO:

OMEGA MFG. CORPORATION

P.O. BOX 386

TWO RIVERS, WI 54241

ATTENTION: ACCOUNTING

DEALER APPLICATION

(Please complete all sections)

1. BUSINESS NAME & BILLING ADDRESS:

Legal Business Name: _____

Doing Business As (DBA) Name: _____
(If different from legal business name.)

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

If phone/fax number are the same, call first? Yes No

Is shipping address same as billing address? Yes (skip to section 3) No (complete section 2)

2. SHIPPING ADDRESS: (If you have more than one shipping address, please list on separate page.)

Business Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Is shipping address: Residential (home, home office) Commercial (storefront, office, warehouse)

3. RESALE PERMIT NUMBER:

Resale permit number: _____

(Wisconsin businesses please attach a tax exemption certificate.)

4. **PRINCIPLE BUSINESS ACTIVITY:** _____

Do you have installation capabilities? Yes NO (Call factory: (800) 874-9594)

Please list brand(s) of shades that you carry: _____

5. BUSINESS INFORMATION:

Number of years in business: _____ Federal ID number: _____

Owner's Name(s): _____

Home Addresses: _____

City, State, Zip Codes: _____

Home Phone Numbers: _____

6. CONTACT INFORMATION:

Owner Contact Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Key Contact Information (for day-to-day issues):

Name: _____ Title: _____

Phone #: _____ Email: _____

7. DEALER INFORMATION FOR ADJUST-A-VIEW® WEBSITE: (The ADJUST-A-VIEW® website, www.adjustaview.com, has a "Dealer Locator" by zip code. End users enter their zip code and information for the dealers within 10, 25, or 50 miles comes up. Please enter information you desire to be listed on the website.)

Business Name: _____ Shop At Home only: Yes No

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

8. AUTHORIZATION:

I understand the Dealership requires that only the dealer's installation personnel will install the ADJUST-A-VIEW® window treatments. The dealer's customers will not do any of the installing. I have read the Dealer Information (on the website) and understand it.

By: _____ Title: _____
(Please Print)

Authorized Signature: _____ Date: _____