



Belldinni Application Form

Company Name _____

Address: _____

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

Purchasing Contact: _____

Phone Number _____ **Ext:** _____ **Fax#** _____

Email: _____ **Web Site:** _____

Federal TAX ID # _____

Type of Business: (Partnership, Sole Ownership, Corporation, LCC, etc.) _____

Number of Years in Business: _____

Incorporated year: _____

Company Principals

Name: _____

Title: _____

Phone: _____

Address: _____

Name: _____

Title: _____

Phone: _____

Address: _____

Tell us a little about your business type and customers:

Number of Employees: _____



Number of Sales Representatives (if applicable): _____

Do you have a showroom? _____

Number of showrooms: _____

Sq. ft. (each) _____

Do you have a resale certificate? _____ (please attach to the application form) **Type of products**

sold (if applicable): _____ **Brand Names you**

now carry:

Yearly turnover:

0 ~ \$100,000 \$100,000~\$250,000 \$250,000~\$500,000 \$500,000~1M Above \$1M How did you hear about

us? _____

Belldinni Inc.,

www.belldinni.com

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