

SUN ENERGY SYSTEMS

Office & Manufacturing Address:
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Anand Gujarat, India.

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Email 1:sesin2009@gamil.com
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DEALER APPLICATION

For security purpose please FAX this application to +912692231216

Dear Potential Dealer:

This application form is to be completed, printed, stamped with your company seal and faxed to +912692231216. This form is not available for online submission to assure the confidentiality of the financial information within

Thank you for inquiring ab out solar Module and Lighting dealer program. Before we can commit to welcoming you into our dealer network, we need to know more about your company, please fill out this dealer Application for our evaluation. When we have reviewed your application, we will let you know if you have been approved and will then send to you our current wholesale dealer price list. All sales must be prepaid by T/T, LC at sight, Credit card or Pre-arranged payment terms. Applicable sales taxes will be charges on all orders until a valid resale certificate is on file. Charges-- for sales taxes will not be refunded on any orders placed prior to receipt of your certificate.

General Information

Company Name : _____ Principal or Buyer : _____
Mailing Ad dress : _____ City : _____ State : _____ Zip Code : _____
Shipping Address : _____ City : _____ State : _____ Zip Code : _____
Telephone : (_____) _____ Fax Number : (_____) _____ Mobile No _____
E-mail : _____ Web Address : _____
How did You learn about (circle those that apply)

Business Information

Description of business Circle those that apply)

Reseller/Retail Dealer

Installer (please specify) _____ Number of systems Installed : _____

Other (please specify) _____

Types of Business (circle one) Sole Proprietorship Partnership Corporation Other

Resale License State Issued : _____ State Issued : _____

Contractor License Type of License : _____ Type of License : _____

years in Present Business : _____ Years at Present Location : _____

What markets are you operating in? (please circle)

home county only 2-4 counties Statewide International (name country)

Do you sell equipment through the internet? (please circle) yes no

Name of Owner/s, Partners if partnership, or Major Stockholders if Incorporated:

Name	Ad dress	Phone	Title	%Ownership
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Sales/Finance Information

Annual sales for previous 2 years : _____

Estimated sales this year :

Pre-tax profits for previous 2 years : _____

Estimated pre-tax profits this year :

Do you purchase from other major distributors in the industry? (Please circle) yes no

Average Monthly Volume that you expect to purchase from Solar Power _____

What components are you interested in purchasing from Solar Power? (Please circle)

Bank Information

Name of Bank : _____

Address : _____

Telephone : _____ Account Number : _____

Bank Swift code: _____ Bank Routing Code : _____

References

List three companies with whom you currently do sizable business:

Company Name	Address	Phone	Fax	Contact
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____