



Distributor Application Form

General Information

Company Legal Name: _____
DBA: _____
Phone: _____ Fax: _____
Address: _____
City: _____ State / Postal Code: _____
Email: _____ Website: _____
Type of Business: _____ Years in Business: _____
Branch Mgr: _____ Purchasing Mgr: _____
Distributor of the following product lines: _____

Three Business Trade References Required

Company Name: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Address: _____
Phone: _____ Fax: _____

How did you hear about Integral Lighting?

Contractor Internet Magazine: _____
 Architect Other: _____

Submitted by: _____ Date: _____

Email your completed application to info@integral-lighting.com or fax to 800.388.2898

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51 North Elm Street Wernersville, PA 19565 phone 800.861.1364 fax 800.388.2898 integral-lighting.com