



# SHARK FINISHING MACHINERY

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## DEALER INQUIRY FORM

Name of Business \_\_\_\_\_

DBA \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ Alt. # \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Web Site \_\_\_\_\_

Year established? \_\_\_\_\_ What territory would you like to cover? \_\_\_\_\_

Please describe your business \_\_\_\_\_  
\_\_\_\_\_

Number of Employees \_\_\_\_\_ Total Sales Personnel \_\_\_\_\_ Total Service Personnel \_\_\_\_\_

What Shark equipment are you interested in stocking? \_\_\_\_\_  
\_\_\_\_\_

Other manufacturers you currently represent: \_\_\_\_\_  
\_\_\_\_\_

**FINISH SMART WITH SHARK**