

ADVANTAGE SOLAR DEALER APPLICATION

Date_____

Business Name_____

Type of business (circle one) DBA Partnership Corporation

Business owner name(s) (1)_____

(2)_____

Social Security numbers of principal business owner(s) or TIN

(1)_____ (2)_____

Business Address_____

City_____ State_____

Business phone () () () Business Fax () () ()

E-mail address_____ Website address_____

Is this a new business ? Yes or No

How many years/months in business ?_____

Business license number_____

Resale license number_____

Contractors license number_____

Type of contactor license_____

Please use a separate sheet of paper to write a short narrative of your business plan and fax the narrative along with this application to the number listed below.

Signature_____ Signature_____

Fax completed application to:
760-955-3416