

LUXOR

INNOVATIVE WORKSPACE PRODUCT SOLUTIONS

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LUXOR DEALER APPLICATION

Company Name: _____

Address: _____

City/State/Zip: _____

Phone No. _____ Fax No. _____

Ownership: Corporation
 Partnership
 Proprietorship

Resale Tax No. _____
(Please attached certificate)

Number of years in business: _____

Owner / President: _____

Accounts payable contact: _____

BANK REFERENCES:

Name: _____

Account No: _____

Address: _____

Phone No: _____

Fax No: _____

Contact: _____

TRADE REFERENCES:

Name: _____

Phone No: _____

Address: _____

Fax No: _____

Name: _____

Phone No: _____

Address: _____

Fax No: _____

Name: _____

Phone No: _____

Address: _____

Fax No: _____

Name: _____

Phone No: _____

Address: _____

Fax No: _____

I hereby confirm that all information on this document is accurate and complete to the best of my knowledge. I also understand that applying does not guarantee approval and that Luxor reserves the right to review and / or deny an application that does not meet the qualifications. For more info contact a sales representative.

DEALER INFORMATION

You have received this form as you are currently in the process of becoming a dealer or we would like to make sure we have the most current information for your company. We thank you for your time in completing this and look forward to beginning or continuing our business relationship.

COMPANY & MAIN CONTACT INFORMATION

Company Name:

Main Contact Name:

Title:

Email Address:

Estimated Annual Sales:

May we add your Dealer name/address/website to the "Dealer Locator" section of the Luxor website?

Yes No

MARKETING

Do you have a website? Yes No

If yes, what is the link?

If yes, does it support ecommerce? Yes No

Do you utilize any other advertising platforms such as catalogs, fliers, email blasts, Amazon, etc.?

Are there any fees associated with advertising in your catalog or on your website?

Who may we contact about adding new products?

Does your company participate in any tradeshow? Yes No

If yes, which ones?

ORDERS

What email address can we send paperless invoices to?

Does your company have EDI capabilities? Yes No

Who may we contact with general purchase order questions?

SALES

Do you have a sales force? Yes No

How many sales reps do you have?

Is it possible to send us a list of reps and contact info? Yes No With Permission

May we send them product information via email? Yes No With Permission



DEALER INFORMATION

What market/s do you serve? INDUSTRIAL ONLINE EDUCATION HEALTH CARE
 HOSPITALITY BIG BOX RETAIL Other:

What product groups are you most interested in:

- | | |
|---|--|
| <input type="checkbox"/> Charging Carts | <input type="checkbox"/> Presentation Furniture |
| <input type="checkbox"/> Marker Boards (Whiteboards, Glass) | <input type="checkbox"/> Standing Desks & Desktop Converters |
| <input type="checkbox"/> Plastic Carts | <input type="checkbox"/> LCD TV Carts/Stands |
| <input type="checkbox"/> Other: Please list | |

INVENTORY

Do you require an inventory feed? Yes No

Who/ where should it be sent?

How often do you require that to be sent? Daily Weekly Monthly Other

SHIPPING

Preferred LTL carrier?

LTL carrier account number?

Preferred ground carrier?

Ground carrier account number?

Who may we contact for questions regarding shipping?

MISCELLANEOUS

Do you have a warehouse/s?

If so, how many?

Would you be interested in stocking inventory?

Who may we contact about stocking opportunities?

Do you participate in School or Government bids/contracts? Yes No

Who is the bid contact?

LUXOR

How did you hear about us?

Why are you interested in becoming a Luxor distributor?

DEALER INFORMATION

Return Policy

- Orders may be cancelled within 24 hours except when the order has already shipped
- Custom orders are non-cancellable
- Close-out items are non-returnable
- Items that have been assembled are non-returnable
- For items that are returnable, returns must be made within 10 days of receipt. Returned items must be in the original cartons and in new condition.
- Returns are subject to a 25% restocking fee
- Merchandise returns will not be accepted without prior return authorization from Luxor
- To obtain a return authorization (RMA) number, e-mail our Customer Service Department at: kmendez@luxorfurn.com or call 1-800-323-4656 ext. 152. Please have the following information available:
 - Your order number
 - Your PO number
 - Shipping address
 - Part number and quantity to be returned
 - Contact information