



Interested In Becoming A DockinaBox® Dealer?

Contact Information:		Date:
Owner/Principal Name:		
Email Address:		
Phone Number 1	Phone Number 2	
Sales Manager Name		
Email Address		
Company Information:		
Company Name:	Number of Locations:	
Address 1		
Address 2		
Business Type:	Number Of Years In Business:	
Current Product Lines:		
Total Annual Marine Revenue:		
Do You Currently Carry a Line of Docks?	Y / N	Total Dock Sales:
Do You Currently Carry a Line of Boat Lifts?	Y / N	Total Boat Lift Sales:
Projected Annual Dock Sales:		
Proposed Sales Territory		
Number Of Existing Sales Staff:	Installation Services Available	Y / N
Amount Spent on Marketing/Advertising Annually:		
Summer Hrs Of Operation: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____		
Winter Hrs Of Operation: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____		
What Amount of Sq.ft. of Showroom Area is Allocated to Dock & Boat Lift Sales?	INSIDE: _____ OUTSIDE: _____	
What Experience Do You Have In the Marine Industry?	PRIMARY SALES PERSON: _____	
PRINCIPAL: _____ SALES MANAGER: _____	SECONDARY SALES PERSON: _____	



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Installation Crew (please use N/A where not applicable)

Do You Currently Have an Installation Crew Y / N

How Many People Do Have Per Crew?:

What is the Experience of each Person on the Crew?

What Type of Vehicles Do You use for Installation?

Do You Have a Trailer? What Size is it (# of axels)?:

How Many Dock Systems Do You Have on Contract for Installs & Removals?

Comments:

2100 Industrial Park Rd »Innisfil, ON » L9S 0E4» 1.877.877.2561»(705) 431.5881»Fx:(705)431.4883

www.dockinabox.com » admin@dockinabox.com