

BECOME A THERMASHIELDS DEALER

AUTHORIZED DEALER APPLICATION • Complete all applicable fields. Fields marked with * are required.

1. BUSINESS INFORMATION

Legal Business Name * | **DBA / Store Name**

Business Type * | **Years in Business** | **Website**

Street Address * | **Suite / Unit**

City * | **State *** | **ZIP / Postal Code *** | **Country**

Business Phone * | **Business Email ***

2. OWNER / PRIMARY CONTACT

Full Name * | **Title / Role**

Direct Phone * | **Email Address ***

Preferred Contact Method | **Best Time to Contact**

3. BUSINESS PROFILE

What best describes your business?

- ■ Window tint shop / installer
- ■ PPF / detailing studio
- ■ Car dealership / fleet
- ■ Online retailer
- ■ Automotive restyling shop
- ■ Auto accessories retailer
- ■ Distributor / wholesaler
- ■ Other: _____

Which THERMASHIELDS product lines are you interested in?

- ■ Nano ceramic automotive window tint
- ■ Windshield PPF
- ■ Colored PPF
- ■ Automotive body paint protection film (PPF)
- ■ Transition headlight tint
- ■ Other / future products

Number of installation bays | **Estimated tint jobs per month** | **Estimated PPF jobs per month**

Brands currently carried / installed | **Social media handles**

THERMASHIELDS DEALER APPLICATION

Business qualification, purchasing, and authorization

4. SALES & PURCHASING INFORMATION

How do you primarily sell your products?

- ■ In-store installation
- ■ Wholesale to other shops
- ■ Mobile installation
- ■ Retail / walk-in sales
- ■ Online / e-commerce
- ■ Dealer / fleet accounts

Estimated opening order / budget

Expected reorder frequency

Preferred shipping address (if different)

Receiving contact / phone

Billing address (if different)

Accounts payable email

5. BUSINESS & RESALE DOCUMENTATION

Please provide applicable documentation when requested. Do not send payment-card or bank login information with this application.

Federal Tax ID / EIN (optional at application)

Resale / Sales Tax Certificate No. (if applicable)

- ■ Resale certificate available
- ■ Tax-exempt documentation (if applicable)
- ■ Business license available
- ■ References available upon request

Trade Reference — Company / Contact

Phone / Email

Trade Reference — Company / Contact

Phone / Email

6. DEALER TERMS & ACKNOWLEDGMENT

By submitting this application, I certify that the information provided is accurate and that I am authorized to apply on behalf of the business listed. I understand that submission does not guarantee approval or establish a dealer relationship. Dealer status, pricing, minimum orders, payment terms, shipping, warranty coverage, brand-use guidelines, and any territory or sales restrictions are subject to THERMASHIELDS review and a separate written approval or agreement. I agree to use THERMASHIELDS trademarks and product claims only as authorized and to follow applicable federal, state, and local laws.

Authorized Representative — Printed Name *

Title *

Signature *

Date *

THERMASHIELDS USE ONLY

Application received

Reviewed by

Decision / date

Dealer account number

Approved pricing / notes

Thank you for your interest in becoming a THERMASHIELDS authorized dealer.