

LeafLock Dealer Application

Company Name: _____ Date: _____

Contact: _____ Title: _____

E-mail Address: _____

Mail Address: _____

City, State, ZIP _____

Cell Phone: _____

Office Phone: _____

Website Address: _____

Years in Business: _____ # of Sales People: _____

Existing Gutter Protection Product Sold: _____

Other Products Sold: _____

Counties Requested: _____

Marketing Used: Home Shows: _____ How Many: _____

Newspaper: _____

Yellow Pages: _____

Radio: _____

TV/Cable: _____

Direct Mail: _____ How Often: _____

Pay Per Click: _____

Yard Signs: _____

Truck Graphics: _____

Please print the form, fill it out and fax to: 830-249-8882

If you have any question please call us at: 800-440-9806