



DEALER APPLICATION FORM

BUSINESS OWNER

BUSINESS NAME

PHONE

EMAIL

WEBSITE

ADDRESS

Street Address 1

Street Address 2

City

State

Zip

Country

HOW LONG HAVE YOU BEEN IN BUSINESS?

PRODUCTS YOU SERVICE AND/OR SELL

PLEASE DESCRIBE YOUR COMPANY

HOW DID YOU HEAR ABOUT HIWASSEE PRODUCTS?

Postcard Mailer

YouTube

Magazine Advertisement

Google Search

Facebook

Other

IF OTHER WAS SELECTED, PLEASE SPECIFY

WHICH BEST DESCRIBES YOUR STATUS (check all that apply)

Ready to start today

Ready in 12 months

Ready in 6 months

Researching dealer opportunities

MARKET YOU SERVICE AND REGION YOU COVER

WHAT IS YOUR EXPERIENCE WITH EQUIPMENT DISTRIBUTION?

WHAT IS YOUR EXPERIENCE WITH REGENERATING SOIL BIOLOGY?

Please email the completed form to sales@hiwasseeproducts.com, and a representative will reach out to continue the process.