



Lead Generator Account Application

Avalon Account Representative

Phone #

Please Print or Write clearly

First Name:		Last Name:	
Title:			
Company or Individual Name:			
		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
W9 required for all accounts		<input type="checkbox"/> Corporation	<input type="checkbox"/> Subsidiary of :
Mailing Address:			
City:		State	Zip
E-mail Address: (required)			
Web Site Address (if applicable):			
Phone #		Fax #	
How many locations are you currently operating?			
Do have any shutter experience?		(Yes or No)	if yes how many years?
How will the lead generator rewards be paid (\$100 per order of \$1000 or more)? Choose one			
A. To the dealer / owner only (you)?		<input type="checkbox"/>	or To the associate only ? <input type="checkbox"/>
B. To both the dealer / owner and associate?		<input type="checkbox"/>	
If, yes indicate the allocation of the \$100.00.		<input type="checkbox"/> \$ to dealer	<input type="checkbox"/> \$ to associate
Associates participating in this program must fill out a "Associate Agreement" and a W9.			
Person in Charge of Accounting:		Business Hours:	Time Zone:
Signature:		Date:	
For office use only:	Account logged-in:	<input type="checkbox"/>	Acct entered in AMI <input type="checkbox"/>
	W9 received	<input type="checkbox"/>	Acct entered in QB <input type="checkbox"/>

1671-A Champagne Ave. ~ Ontario, CA 91761 ~ Fax (909) 937-4987

www.avalonshutters.com ~ Contractor License 630141

revised 12-17-08

Submit to accounts@avalonshutters.com