+1 (647) 212-2609
sales@illusionuniverse.ca
www.illusionuniverse.ca

Illusion Universe Dealer Application Form

Company Information:

Business Name: _____

Contact Person: _____

Business Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Website (if available): _____

Contact Details: Phone Number: _____

Email: _____

Business Type (Check One): [ ] Dealer [ ] Distributor [ ] AV Rental Company [ ] Production House [ ] System Integrator [ ] Other: _____

Regions Served: _____

Years in Business: _____

Do you currently distribute any other professional lighting or stage equipment brands?

[ ] Yes [ ] No

If Yes, please list: _____

Additional Comments:

_____

_____

Agreement & Signature: I certify that the information provided is accurate and that I am authorized to apply on behalf of the business named above.

Signature: _____ Date: _____

10 Falconer Drive, Unit-11,Mississauga, Ontario, L5N 3L8, Canada