



Authorized Reseller Application

Contact Name: _____ Title: _____
Email: _____ Cell: _____
Company Name: _____ Website: _____

Office Phone: _____

Number of Retail Stores: _____ Are you interested in all stores stocking Greenbeams™: Yes No

What date was the business started: _____

If approved, will you provide a copy of your business license or EIN #: Yes No

Does the retail store have a lighting demo room: Yes No

What is the company's primary geographic sales area: _____

Which growers does the business target: Commercial Recreational

Do you sell online: Yes No Do you export any orders: Yes No

Bill-to Company: _____ Ship-to Company: _____

Address: _____ Address: _____

City, ST, Zip _____ City, ST, Zip _____

Does the warehouse have a loading dock: Yes No

What percentage of your business is selling indoor garden lighting: _____ %

What brand of light fixture, wattage and lamp type is your most popular: _____

How familiar are you with the specs of the Philips 315W 3100K and 4200K CMH lamps: Very Somewhat

What primary uses do you see Greenbeams™ filling for your customers: _____

What other 315W CMH (LEC) lighting do you sell: _____

Signature: _____ Print Name: _____ Date: _____



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