



Dear Prospective Dealer:

Thank you for your interest in Euro-Reef products. Please read the following guidelines so that you may familiarize yourself with our Authorized Dealer qualification process.

We are currently accepting applications from prospective dealers that can be placed into one of the following categories:

- 1) Walk-in/ Brick & Mortar retail store with a verified commercial address. (online sales are not allowed)
- 2) Aquarium Service/Maintenance business (online sales are not allowed)

To submit an application, please complete each form and fax it back to us along with a copy of your business license, a resale certificate, or your Tax I.D. to 949-770-3099. Once we receive your information, it will be reviewed quickly and once qualified, you will be sent our Authorized Dealer Catalog either via email, or fax, or snail mail per your specified preference.

We appreciate the opportunity to earn your business and look forward to having you in our dealer network. Please feel free to call me with any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Macaré", with a stylized flourish at the end.

Jeff Macaré
Vice President & COO
Euro-Reef, Inc.
FON: 949-770-9913 EXT 17
FAX: 949-770-3099
M-F: 9:00 am to 5:00 pm PST
sales@euro-reef.com
www.euro-reef.com



Prospective Dealer Questionnaire

Please take a moment to fill out this prospective dealer questionnaire. This information helps us understand the needs of our customers and is used as a tool to guide the direction of our product development as well as ever changing service and support needs.

Check all the boxes that apply and fill in the appropriate information requested. This will help us to determine how to best support your business:

Business Information

Company Name: _____

Retail Store Online Store Service/Maintenance Business

Contact: _____

Phone #: _____ Today's Date: _____

1. We have (number) _____ employees in our business
 2. We have been in business for _____ years
 3. We: are are not familiar with Euro-Reef Products
 4. We know about Euro-Reef, Inc. from: Magazine Ads Euro-Reef Web Site Reef Central or other Forum Trade Show One of our clients Other (Please explain)
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Buying & Stocking Information

1. We currently sell the following skimmer Brands & Models (Euro-Reef RS80): _____

2. We sell approximately (total number of units) _____ protein skimmers per month

3. Our best seller is the (Brand & Model): _____ and we sell (number) _____ per month

4. Our typical buyer is looking for: Low-end low-cost skimmers Mid-range mid-cost skimmers High-end higher cost skimmers we have a mix of all types of buyers.

5. We also sell: Aquariums Calcium Reactors Sumps HOB skimmers Other (explain)

NOTE: Store Demo Unit(s)

Euro-Reef, Inc. offers new dealers one RS-Series in-store demo unit of the dealer's choice at a 25% discount off the dealer wholesale price. We strongly suggest that you purchase a unit and run it on a display tank in your store. If you do not have a display tank you can use this unit as a captive in-store display unit on the shelf. It is proven that a running display unit on a tank will help you sell more products. Just tell us what size tank you want a unit for and we can make a recommendation for a skimmer to use.

Thank you for telling us about your business and we look forward to adding you to our Authorized Dealer Network!



Authorized Dealership Application

Please provide the following information along with a photo copy of your RESALE PERMIT* and BUSINESS LICENSE/TAX ID. Upon approval of your application you will receive product and pricing information. Please select how you would like this pricing and product information sent: (a hard copy Dealer Kit will be snail-mailed as well)

*California applicants MUST provide a copy of their Seller's Permit for sales tax exemption.

Would you prefer an e-mail PDF file? [] or a FAX? []

Business Name: _____

Owner Name: First: _____ Last: _____

Purchaser Name: First: _____ Last: _____

Phone #: (____) _____ - _____ Fax#: (____) _____ - _____

Website: _____ E-mail: _____

Business Shipping Address: (please check box if this is a residential address)

Street: _____ Unit/Suite/Apt#: _____

City: _____ State: _____ Zip Code: _____

Business Billing Address: (if different from shipping address)

Street: _____ Unit/Suite/Apt#: _____

City: _____ State: _____ Zip Code: _____

Trade References:

Company Name: _____ Phone # (____) _____ - _____

Contact Name: First _____ Last: _____ YRS _____

Company Name: _____ Phone # (____) _____ - _____

Contact Name: First _____ Last: _____ YRS _____

Company Name: _____ Phone # (____) _____ - _____

Contact Name: First _____ Last: _____ YRS _____

What kind of business are you? (Please select all that apply)

If you resell aquarium based dry goods to Brick & Mortar Retail Stores, you are a DISTRIBUTOR

If you operate a physical store that retails aquarium based products to walk-in customers, you [] are a RETAIL [] DEALER

If you sell aquarium based products online, you are an ONLINE DEALER []

If you are in the business of installing and servicing aquarium systems, [] you are an AQUARIUM SERVICE DEALER []

PLEASE FAX BACK TO: 949.770.3099 []

Office Use Only

Retail Shop []
Online []
Service []

Account Start Date: _____ - _____ - _____ Approved by: _____

Dealer Pricing sent: _____ - _____ - _____ Via: _____ Intl: _____

Dealer Kit Mailed: _____ - _____ - _____ Intl: _____

CMACT []
QB []
Filed []