

MEMBER APPLICATION

Showroom Name:				
Address				
City: Si	State:		_ Zip:	
Website: P	Phone:		_ Fax:	
Company Principal:				
	Phone:			
Showroom Manager:				
	Phone:			
Parent Company:	City, State:			
Other Group Affiliations:				
Number of Showroom Products Carried:	Annual Showroom Volume:			
Number of Dedicated Showroom Employees: Full Time:		_ Part Time:		
Please List All Showroom Locations Below: (Please include 4 photographs of your main showroom i	nterior and 1 of the	exterior)		
ADDRESS:	SQ. FOOTAGE:	PHONE:	FAX:	
TERMS AND CO	ONDITIONS			
 Membership acceptance is for showroom locations listed on approval. A one-time application fee of \$2,500 will apply. A \$125 monthly service fee for Luxury Products Group will a payments and will be adjusted yearly as stated in the Particip Rebates will be paid by Luxury Products Group on or about to Upon acceptance into Luxury Products Group, we agree to a participation policies. 	pply. The fee will be coation Policy. The 20th of each month	deducted from you	ir rebate th's purchases.	
Signature	Date			
Print Name				

PLEASE RETURN TO: jeff@luxuryproductsgroup.com