



Luxury
Products
Group

MEMBER APPLICATION

Showroom Name: _____

Address _____

City: _____ State: _____ Zip: _____

Website: _____ Phone: _____ Fax: _____

Company Principal: _____

Email: _____ Phone: _____

Showroom Manager: _____

Email: _____ 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 interior and 1 of the exterior)

ADDRESS:	SQ. FOOTAGE:	PHONE:	FAX:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ERP System _____

Please send copy of Line Card with application.

Signature _____ Date _____

Print Name _____

PLEASE RETURN TO: jeff@luxuryproductsgroup.com

(330) 274-1225