

# Becoming A Dealer

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If you are interested in becoming a dealer with Lute Supply, please fill out the form below and one of our representatives will contact you. Thank you.

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## Business Information

**\* Company Name**

**\* Street address**

**Address (cont.)**

**\* City**

**\* State/Province**

**\* Zip/Postal code**

**Country** U.S. Residents Only

**\* How long have you been in business?**

**\*What brands are currently carried?**

Trane

Carrier

Comfort Maker

Goodman

Heil/Tempstar

Lennox

Rheem/Ruud

American Standard

Other

**\* Name**

**\* Title**

**\*Phone**

**\* Fax**

**\*E-mail**

**Your Name: If different than contact**

**Your Phone: If different than contact**

## Licensing Information

**\* Contractor License #**

**\*Classification**

**\*Expiration Date (mm/dd/yyyy)**

**\*Owners/Principals Name**

**\*Certification Type**

**NOTE: \* Items in BLUE are required fields.**

Feel free to print and fax to 740.353.7638 ATTENTION: Bob Williams or  
email to [salesandmarketing@lutesupply.com](mailto:salesandmarketing@lutesupply.com).