



Confidential Dealer Application

Prior to completing this application, please visit our website or contact our Dealer Development department.

Please complete and return to:

**Dealer Development Department
Icynene Inc.
6747 Campobello Road
Mississauga, Ontario
Canada L5N 2L7
Phone: (800)758-7325 Fax: (905) 363-0102
Web Site: www.icynene.com**

All information will be held in the strictest confidence and will not be released to any third party.

07/2006

Please Print or Type

DATE PREPARED: _____

Contact Information

Name: _____

Address: _____ City: _____

State/Province: _____ Zip / Postal Code: _____

Telephone: Home (____) _____ Business (____) _____

Cellular (____) _____ Fax (____) _____

E-mail Address: _____ Web Address: _____

Business Status

Present Business/Employment

Company Name: _____

Company Address: _____

City: _____ State/Prov: _____ Zip / Postal Code: _____

Job Title: _____

Type of Business: _____

Are you an owner or partner in this business? If yes, state % _____ No _____

Do you have a Sales staff? _____ a Marketing staff? _____ an Operations staff? _____

Previous Experience: _____

Company Name: _____

Company Address: _____

City: _____ State/Prov.: _____ Zip / Postal Code: _____

Job Title: _____

Type of Business: _____

Business Background

What type of business / construction background do you have? (be specific)_____

How many years of business/construction experience do you have? _____

Are you familiar with construction drawings? _____

Have you completed job estimates? _____

Do you have any insulation experience? _____ If yes, what type? _____

Do you have any spray foam experience? _____ If yes, what type? _____

How many builders have you worked with in the past? _____

Have you worked with Architects / Specifiers in the past? _____

Have you worked with Building Code Officials in the past? _____

What industry? _____ # years in business: _____

What areas do you currently service? _____

What were your annual gross sales? _____

Please feel free to provide additional information: _____

Sales and Marketing

Where did you hear about The Icynene Insulation System®? _____

How many dedicated sales staff will be used to sell Icynene? _____

Have you ever sold a premium product? _____ If yes, describe: _____

In what marketplace would you propose to operate your Icynene business? (be specific)

How do you currently market your company? (be specific) _____

Do you have a web site? _____ If yes, address: _____

What percentage of sales would you dedicate for marketing expenses? _____

Within a 50 mile radius of where you see your Icynene Insulation System business:

How many custom home builders are there? _____
How many tract home builders are there? _____
What is the average cost of a single family home? _____
How many commercial projects are underway? _____

Do you use a computer in your business? _____ Do you use lead management software? _____

Based on your preliminary analysis, what percentage of your projected sales will come from:

New custom home construction _____
New tract home construction _____
Commercial construction _____
Renovations and additions _____

Your Icynene Business Structure

In this new business venture, what position will you hold? _____

Will you have partners?_____ If yes, how many, and will they participate in day to day activities, and in what capacity? _____

Will any family members participate in the business? _____
If yes, who and in what role? _____

What positions will you add to operate you Icynene business? _____

If Icynene is an addition to an existing business, how will it complement your operation?

Describe your current facilities & # of locations: _____

Size of Facility _____ Loading / Unloading Capabilities _____

Who will handle the day to day operation of the Icynene business? _____

Have you begun to investigate your spray equipment requirements? _____

How will you finance the equipment purchase? _____

Financial Position

All information will be held in the strictest confidence and will not be released to any third parties.

Balance Sheet:

Assets:	Liabilities
Cash: _____	Loans Payable: _____
Accounts Receivable: _____	Accounts Payable: _____ (including credit cards)
Real Estate (market value) _____	Mortgage Payable on Real Estate: _____
Other: _____	Other Liabilities: _____
Total Assets: _____	Total Liabilities: _____
Net Worth: _____ (Total assets minus total liabilities)	

I make the above statement of assets and liabilities as of _____, 20__.

Signature: _____

Who will handle the day to day financial aspects of the business? _____

What amount of operating capital have you made available for your Icynene business? _____
