

# Key Dealer Enrollment Form

Complete form and return to your Franklin Electric Territory Manager.  
ALL information must be provided in order to be enrolled in the program.



Date: \_\_\_\_\_

## DEALER INFORMATION

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Company \_\_\_\_\_

Physical Address \_\_\_\_\_  
(No PO Boxes)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ General Email \_\_\_\_\_

Primary Contact \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Additional Contact \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Company Website \_\_\_\_\_ Company Facebook \_\_\_\_\_ Company Twitter \_\_\_\_\_

I am interested in learning more about the following: (check all that apply)

Web Builder

Facebook

Google AdWords (Pay-Per-Click)

Online Directory Listings

## DISTRIBUTOR INFORMATION

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Primary Distributor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## INTERNAL USE ONLY

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Do not submit form to Key Dealer Administrator until all qualifications have been met.

Requested Enrollment Date \_\_\_\_\_

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Franklin Electric Territory Manager Signature