



**SOLAR  
ELECTRIC  
SUPPLY, INC.**

## Contractor/ Dealer Application

Please fill out form, save a copy and email copy to: [contact@solarelectricsupply.com](mailto:contact@solarelectricsupply.com)  
You may also print and fill out form and fax w/ contractor's license to: (831) 462-8246.

|  |                      |
|--|----------------------|
| Business Name:   | Date:                |
| Address:   | Phone:               |
| City, State, Zip:  | Fax:                 |
| Owner Name:  | Project Manager:     |
| Email:   |                      |
| Type of Business:  |                      |
| Time in Business: ___yrs   | Number of Employees: |
| Contractor Type:   |                      |
| Time at Present Location:  |                      |
| Contractor License Number:   |                      |
| Business License Number:   |                      |
| State Resale License Number:   |                      |
| What Percentage of your Business is Grid-Tie Solar?  |                      |
| What Percentage of your Business is Off-Grid or Remote Home?   |                      |
| What Percentage of your Business is Commercial Grid-Tie?   |                      |
| What Percentage of your Business is Solar Related?   |                      |
| Purchase Time Frame?   |                      |
| Years of Solar Installation Experience:  |                      |
| Intended Market: Residential Grid-Tie ___ Commercial Grid-Tie ___ Remote Industrial ___ Government ___ |                      |
| Remote Home/ Off-Grid ___ New Home ___   |                      |
| Please include a copy of your Business, Contractor, or State Resale License                            |                      |
| This is Required for Application Processing and Wholesale Pricing                                      |                      |

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