



Dealer Application

Thank you for your interest in Second Skin Insulation. In order for us to process your application, please fill out the following information and return to us along with a copy of state or federal tax certificate or your business license.

Date:

Company Name:

Contact:

Company Street Address:

City/State/Zip:

Email address:

Phone number:

Tax or EIN number:

Business website:

How long in business:

Social media pages:

Events attended:

How many builds a year:

Other auto industry brands you are a dealer for:

Current sound deadening brand used:

How did you hear about Second Skin?

Phone: (520) 574-7513

Phone: (800) 679-8511

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