



SUPPLIERS

– Please complete this form and return it with your application –

Date: _____

Primary Company: _____

City: _____ State: _____

Check all that apply:

- Component Manufacturer
- Component Distributor
- Component Retailer
- Component Wholesaler
- Retail Distributor

Check all that apply:

- Appliances
- Cabinets
- Doors & Accessories
- Electrical
- Flooring & Coverings
- Heating & AC
- Installation Equipment & Materials
- Interior Decor
- Lighting
- Plumbing
- Siding
- Ventilation Systems
- Wall Coverings
- Windows
- Other

Specify: _____

Percentage of current business in the manufactured housing industry: _____

Briefly state purpose in joining GMHA:

Name: _____ Signature: _____