

# Daikin Network Alliance Application



Application must be completed/signed and presented to Distributor.

**Distributor:** Please forward application to your local Daikin Sales Representative.  
(Please print clearly)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
E-mail (mandatory)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Website

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Number of years in business

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Number of outside sales people

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Name of local sponsoring Daikin Distributor

Please describe your customer base:

- Residential: \_\_\_\_\_%       Commercial: \_\_\_\_\_%

Please categorize your business:

- Install, Service and Repair       Design, Build       Plan and Spec.       Other: \_\_\_\_\_

## DNA Training Information

Names of Employees That Have Attended Daikin Training and Courses Completed:

Employee Name	List Courses

Local, State, Federal Licenses & Certificate Information

Name of License (and Employee Name if applicable)	List Registered Number

## Dealer Authorization

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Name of Distributor

\_\_\_\_\_  
Name of Principal (printed)

\_\_\_\_\_  
Local Branch Location

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Title

*Daikin AC reserves the right at its sole discretion to terminate any DNA Dealer at any time that fails to meet and uphold the obligations of being a DNA Dealer.*

For Internal Use Only - Approved by	
_____ Local Daikin Sales Representative	_____ Date

