



2010 Builder Program Registration Form & Questionnaire

Dealer Name: _____

Dealer Representative: _____

Builder Name: _____

Builder Representative: _____

Address: _____

Address 2: _____

Email Address: _____

Office Phone: _____

Office Fax: _____

Building Locations: _____

(Areas, Subdivisions, Etc.)

How many homes completed last year? _____

Average Sale Price of Homes Built? _____

How many homes currently under construction? _____

How many homes under construction are spec homes? _____

How many of these homes will qualify for the Viking Builder Program? _____

How many lots currently owned? _____

How many homes estimated for completion in the next 12 months? _____

Number of years in homebuilding business? _____

Member of HBA? _____

I acknowledge the Builder Program discounts as outlined in Section 11 unless otherwise stated by the local distributor. Yes No

I have read and agree to the "Terms and Conditions" of the local distributors' Builder Program. Yes No

Minimum number of pieces is 16. Prices are subject to change relative to the local distributor's and manufacturers' normal price increases. This program is valid for one year. If an extension is required, you must contact your local distributor's Territory Manager. By signing below I agree to use a minimum of 16 major local distributor products from November 15, 2009 - December 31, 2010.

BUILDER SIGNATURE

DEALER SIGNATURE

DATE

DATE