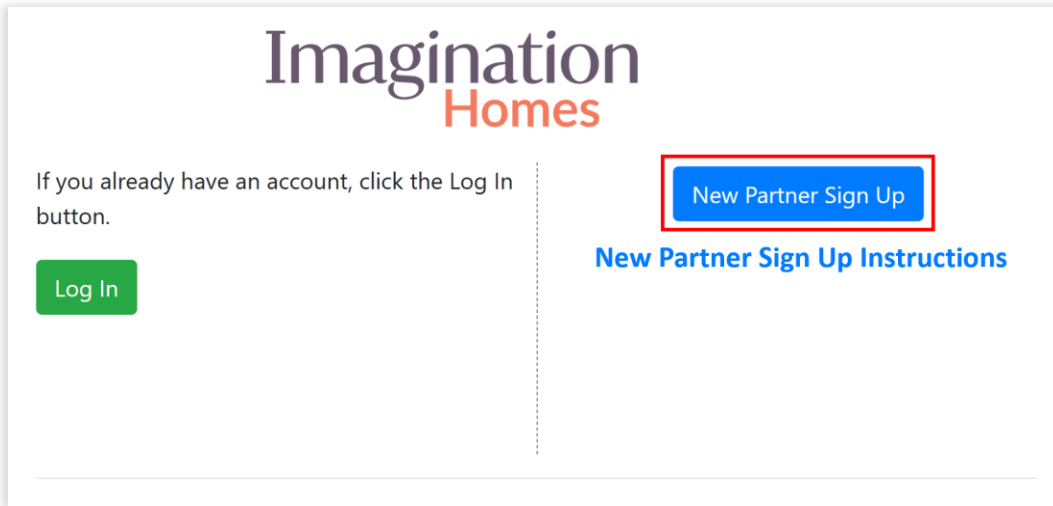


Signing Up for Partner Portal

To request access to the Imagination Homes Partner Portal, go to

partners.imaginationhomes.com and select [New Partner Sign Up](#).



Imagination
Homes

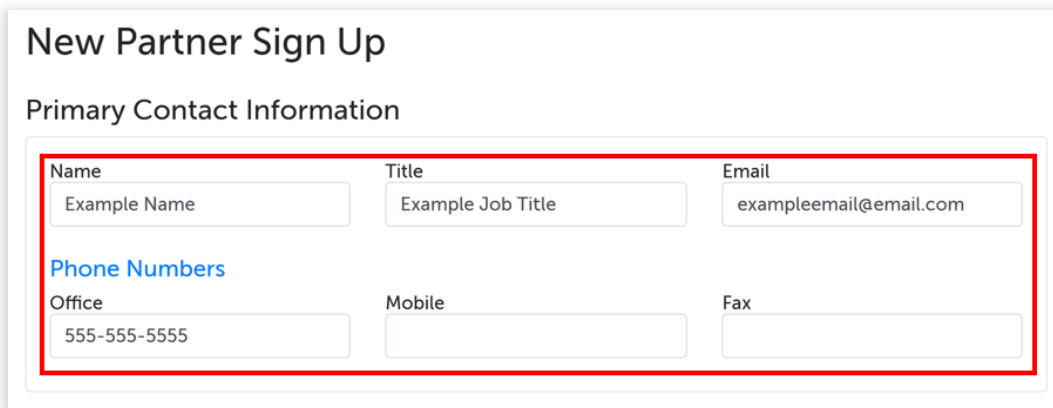
If you already have an account, click the Log In button.

Log In

New Partner Sign Up

New Partner Sign Up Instructions

On the **New Partner Sign Up** form, fill in your Name, Job Title, Email and Phone Numbers under Primary Contact information.



New Partner Sign Up

Primary Contact Information

Name Example Name	Title Example Job Title	Email exampleemail@email.com
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Phone Numbers

Office 555-555-5555	Mobile	Fax
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Note: The e-mail entered under Primary Contact information will become the username for logging into Partner Portal, once approved. This e-mail will also be used for any email notifications from Partner Portal.

Under **General Information**, select the market area from the dropdown and enter your Company Name, Address, City, State, and Zip code.

General Information

Market
Dallas Imagination

Company Name
Example Company Name

Address
1111 Example Street Ln.

City
Dallas

State
Texas

Zip
75001

Website URL

Note: Your company's website URL can also be entered, but it is not required.

Under **Trades**, select the applicable trade(s) for your company by clicking the checkbox next to the trade(s). (Example: Block & Foundation)

Trades (select applicable categories)

<input type="checkbox"/> Appliances	<input type="checkbox"/> Applied Product	<input type="checkbox"/> Architect
<input type="checkbox"/> Bank/Appraisal	<input type="checkbox"/> Basement	<input type="checkbox"/> Bath Accessories
<input checked="" type="checkbox"/> Block & Foundation	<input type="checkbox"/> Built-ins	<input type="checkbox"/> Cabinets
<input type="checkbox"/> Clean - Dumpster	<input type="checkbox"/> Clean - Exterior	<input type="checkbox"/> Concrete
<input type="checkbox"/> Countertops	<input type="checkbox"/> Demolition	<input type="checkbox"/> Elevator

Under **Insurance Information**, indicate which insurance coverage you can provide by selecting the checkbox next to the applicable coverages.

Insurance Information

Please indicate which types of insurance you provide. You will have an opportunity to upload them once you have a login.

- Workmans Compensation Insurance
- Workmans Compensation Insurance Exempt
- General Liability Insurance
- Auto Insurance
- Other Insurance

Under **Work References**, add the Company Name, Contact Name, Contact Title, and Contact Phone Number for the references you want to provide.

Work References

[Add](#)

Company Name Example Company	Contact Name Example Work Reference
Contact Title Example Job Title	Contact Phone Number 222-333-4444

[Remove](#)

[Submit](#)

Once the sign-up request is complete, scroll to the bottom of the page and select [Submit](#) to submit the request.

Note: Purchasing approves the Sign Up Request for Partners to receive access to the Partner Portal. Once the Sign Up Request is approved by Purchasing, an email containing a link to set your password is sent.