



Dealer Application/Information Sheet

Company Name: _____ Approx. Annual \$ _____

Address: _____ Approx. Sq. Ft. _____

_____ Approx. # Employees _____

_____ Phone # _____

_____ After hours # _____

an individual a partnership a corporation FAX # _____

Please list the name(s) of principal(s). Include title(s) and include ownership percentage(s) of each individual for partnerships and corporations.

Administrative Information:

Financial/Accounting Contact: _____

Individual(s) authorized to place orders: _____

Quantity Required for Routine Mailings: _____ Tax I.D. # _____

Product Lines:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Sales Department Information:

Sales Manager: _____ # Sales Reps, full-time _____

Summary of experience in Sales Department by Product and Market Segment:

Service Department Information:

Service Manager: _____ # Field Technicians: _____

Shop Technicians: _____

Programming/Software Support/Installation Department Information:

Does a separate department exist for this function: _____ # Employees: _____

Current Geographic Market Area Covered:

Current Market Segments Covered:

Internet Related:

Email address(es): _____ Web Site: _____

(Signature of Executing Individual)

(Title)

(Date)

PLEASE FAX BACK TO (856) 778-9322