



NEW DEALER APPLICATION

I. CORPORATE INFORMATION

COMPANY NAME _____ PHONE _____
 ADDRESS _____ FAX _____
 CITY _____ STATE _____ ZIP _____ EMAIL _____

BILL TO ADDRESS:

SHIP TO ADDRESS:

TYPE OF BUSINESS (PLEASE CHECK ONE):

PROPRIETORSHIP PARTNERSHIP CORPORATION LLC

IF INCORPORATED, STATE OF INCORPORATION _____

COMMUNICATIONS MARKETS / PRODUCTS REGULARLY SOLD (CHECK ALL THAT APPLY):

HEALTH CARE EDUCATION SECURITY TELEPHONE/DATA CORRECTION A/V

HOW MANY YEARS IN BUSINESS _____ NUMBER OF EMPLOYEES _____

HOW MANY YEARS HAS THE COMPANY BEEN AT THE ABOVE ADDRESS _____

ANNUAL SALES AT THIS ADDRESS: _____

DO YOU HAVE BRANCHES? YES NO

If yes, please attach a list of branches authorized to purchase.

DO BILLS GO TO THE BRANCHES OR TO THE CORPORATE OFFICE? YES NO

II. CONTACT INFORMATION:

PRINCIPAL _____

Address _____

Phone _____ Fax _____ Email _____

ACCOUNTING MANAGER _____

Address _____

Phone _____ Fax _____ Email _____

SALES MANAGER OR **PRIME CONTACT** _____

Address _____

Phone _____ Fax _____ Email _____

ENGINEERING MANAGER _____

Address _____

Phone _____ Fax _____ Email _____

PURCHASING AGENT _____

Address _____

Phone _____ Fax _____ Email _____

(If additional space is required, please attach a separate sheet of paper)

Approved by: _____

Dealer _____

Date: _____

02/2021

Potential _____



III. RESALE INFORMATION

ALL **TECH WORKS, INC.** SALES ARE WHOLESALE TO AUTHORIZED DEALERS ONLY, HOLDING A VALID RESALE PERMIT.

NAME AS SHOWN ON YOUR RESALE PERMIT _____

ADDRESS _____

I HEREBY CERTIFY THAT:

1. I hold sellers permit no. _____ in the state of _____ issued pursuant to the sales and use tax laws.
2. I am in the business of selling the products to be purchased from **tech works, inc.** And that said products will be resold or rented in the ordinary course of purchaser's business.
3. We certify that all the information on this form is correct. If accepted as a dealer, we understand and respect the confidentiality of all information shared with us by **tech works, inc.** And will not share that information with their competitors.
4. We authorize this information as submitted to be used to obtain credit references. It will be held in the strictest confidence. Terms and conditions are as stated in the **tech works, inc.** Price sheet. **All first-time orders are prepaid by credit card.** An open account may be established in the future with proper credit information submitted, but is not guaranteed without further information.

SIGNATURE _____ DATE _____

NAME (PRINTED) _____ TITLE _____

IV. PLEASE CHOOSE ONE PAYMENT OPTION

- 1. **CREDIT CARD (The credit card authorization form will be faxed with a copy of each invoice)**
- 2. **CREDIT INFORMATION: (Fill out only if you wish to be on open account)**

WHEN IS FIRST ORDER ANTICIPATED? _____

TRADE REFERENCES:

1. NAME _____ ACCOUNT # _____
Address _____
Phone _____ Fax _____ Email _____
2. NAME _____ ACCOUNT # _____
Address _____
Phone _____ Fax _____ Email _____
3. NAME _____ ACCOUNT # _____
Address _____
Phone _____ Fax _____ Email _____

Approved by: _____

Dealer _____

Date: _____

02/2021

Potential _____