

New Dealer Application

I. Corporate Information

Company Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Email _____

Principal/Owner _____

President if different than owner _____

Authorized person submitting this application _____ Title _____

Type of business (please check one) proprietorship partnership corporation division subsidiary

If incorporated, state of incorporation _____ How many years in business? _____

Number of employees _____ Total annual sales \$ _____

Website _____ What territory/area do you cover? _____

Communications markets / products regularly sold (check all that apply):

Markets Served Health Care Education Detention/Correction Industry

Product Types Supported Nurse Call Intercom Security Fire IT A/V

II. Resale Information

All **Tech Works, Inc.** sales are wholesale to authorized dealers, holding a valid resale permit, only.

Name as shown on your resale permit _____

Address _____ City _____ State _____ Zip _____

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.

Application submitted by:

Signature _____ Date ____/____/____

Name (Printed) _____ Title _____

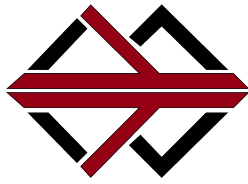
Approved by: _____

Date: _____

Dealer: _____

Potential: _____

Territory: _____



Tech Works®

Making Specialized Communication Easy

III. Company Contact Information

Bill to address:

Company Name _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Email _____

Ship to address:

Company Name _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Email _____

Staff contacts:

Sales Contact _____ Primary Contact Yes No
Title _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Marketing Contact _____ Primary Contact Yes No
Title _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Engineering Contact _____ Primary Contact Yes No
Title _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Service Contact _____ Primary Contact Yes No
Title _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Purchasing Contact _____ Primary Contact Yes No
Title _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Accounting Contact _____ Primary Contact Yes No
Title _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Do you have branches? Yes No Do invoices go to the branches or to the corporate office? Branch Corp

Approved by: _____

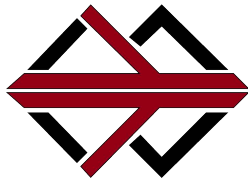
Date: _____

2020

Dealer: _____

Potential: _____

Territory: _____



IV. Branch information (Please add additional sheets if necessary)

Branch address _____ City _____ State _____ Zip _____
 Sales manager _____ Phone _____ Email _____
 Purchasing agent _____ Phone _____ Email _____
 Resale # _____ State _____

Markets Served (check all that apply) ___ Healthcare ___ Education ___ Detention/Correction ___ Industry
 Product Types Supported (check all that apply) ___ Nurse Call ___ Intercom ___ Security ___ Fire ___ IT ___ A/V
 Services offered at this office (check all that apply) ___ Sales ___ Service ___ Engineering ___ Installation
 Website _____ What do you call your Territory? _____

Branch address _____ City _____ State _____ Zip _____
 Sales manager _____ Phone _____ Email _____
 Purchasing agent _____ Phone _____ Email _____
 Resale # _____ State _____

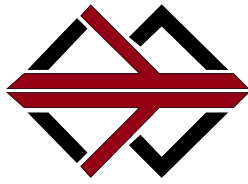
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 Website: _____ What do you call your Territory? _____

Branch address _____ City _____ State _____ Zip _____
 Sales manager _____ Phone _____ Email _____
 Purchasing agent _____ Phone _____ Email _____
 Resale # _____ State _____

Markets Served (check all that apply) ___ Healthcare ___ Education ___ Detention/Correction ___ Industry
 Product Types Supported (check all that apply) ___ Nurse Call ___ Intercom ___ Security ___ Fire ___ IT ___ A/V
 Services offered at this office (check all that apply) ___ Sales ___ Service ___ Engineering ___ Installation
 Website _____ What do you call your Territory? _____

Approved by: _____
 Date: _____

Dealer: _____
 Potential: _____
 Territory: _____



V. Credit Information

Please choose one payment option:

1. Credit card (the credit card authorization form will be emailed with a copy of each sales order confirmation)
2. Credit information: (fill out only if you wish to be on open account)

Tech Works, Inc. terms of sale on open accounts are: All invoices will earn a 2% discount on products (NOT ON FREIGHT AND OTHER CHARGES) if paid within 15 days of invoice date. To earn the 2% discount, payment must be received by Tech Works, at its main business address, on or before the 15th day from the date of invoice. All Invoices are due in full, Net 30 days, from invoice date.

Accounts Payable Contact _____ Title _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Estimated monthly purchases (credit requested)? \$ _____ When is first order anticipated? ____/____/____

Dunn & Bradstreet # _____

Trade references:

1. Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
 Account # _____

2. Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
 Account # _____

3. Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
 Account # _____

Bank reference:

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Checking account # _____ Officer's name _____

Any loans? \$ _____ Please describe _____

Dealer: _____

Approved by: _____

Potential: _____

Date: _____

Territory: _____