



Application For Authorized Dealer

Company Name: _____ Years in Business: _____

Type of Company: Individual: Partnership: Corporation: LLC:

Company Phone: _____ Fax Number: _____ E-mail: _____

Contact Name: _____ Cell Phone: _____ E-mail: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Alarm License: _____ Federal ID: _____

Insurance Provider: _____ Contact Phone: _____

Coverage Amounts: Worker's Comp: _____ E&O: _____ G/L: _____

Have you ever sold accounts to another Dealer Program? Yes: No:

If yes, which one: _____ Contact Person: _____ Contact Phone: _____

Total Number of Employees: _____ Sales Team, Full-Time: _____ Sales Team, Part-Time: _____

Installation Team: Installers: _____ Service Technicians: _____ Contract Employees: _____

Is service generally done the next business day? Yes: No:

Number of new systems installed the past 12 months: _____ Commercial %: _____

Number of accounts lost the past 12 months: _____ Commercial %: _____

Installation Materials Vendor: _____ Account Number: _____

NOTE: For Partnership, Signature and SSN for both Partners are required. For Proprietorship, Signature and SSN for Spouse is required. By affixing my signature hereon, I give Alert 360 the right to investigate my credit worthiness as they find necessary and state that all the above information is true and correct.

PRINT NAME	TITLE	SSN	SIGNATURE	DATE
_____	_____	_____	_____	_____
PRINT NAME	TITLE	SSN	SIGNATURE	DATE
_____	_____	_____	_____	_____

Alert 360 reserves the right to approve or reject any application for any reason

Scan to info@alert360Dealer.com

