



**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  
 DIVISION  SUBSIDIARY OF

IF INCORPORATED, STATE OF INCORPORATION \_\_\_\_\_

COMMUNICATIONS MARKETS / PRODUCTS REGULARLY SOLD (Check All That Apply):

HEALTH CARE  EDUCATION  SECURITY  TELEPHONE/DATA  DETENTION/CORRECTION  A/V

HOW MANY YEARS IN BUSINESS \_\_\_\_\_

HOW MANY YEARS HAS THE COMPANY BEEN AT THE ABOVE ADDRESS \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

ANNUAL SALES AT THIS ADDRESS: \_\_\_\_\_

DO YOU HAVE BRANCHES?  **IF YES, PLEASE ATTACH A LIST OF BRANCHES AUTHORIZED TO PURCHASE.**

DO BILLS GO TO THE BRANCHES OR TO THE CORPORATE OFFICE? \_\_\_\_\_

**II. CONTACT INFORMATION:**

PRINCIPAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

ACCOUNTING MANAGER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

SALES MANAGER OR PRIME CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

PURCHASING AGENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

(IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH A SEPARATE SHEET OF PAPER)

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A Division of: **United Communication Technology, Inc.**  
22347 La Palma Ave., Suite #107, Yorba Linda, Ca 92887  
Direct: **1-714-694-1040** Toll Free: **1-800-813-1080** / Fax **1-714-694-1041**  
Web site [www.tech4people.com](http://www.tech4people.com)

Approved by: \_\_\_\_\_

Dealer \_\_\_\_\_

Date: \_\_\_\_\_

Potential \_\_\_\_\_



# Tech Works™

"Making Specialized Communication Easy"

### III. 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)

ESTIMATE MONTHLY ORDER? \_\_\_\_\_ WHEN IS FIRST ORDER ANTICIPATED? \_\_\_\_\_

#### TRADE REFERENCES:

1. NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_
2. NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_
3. NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_

#### BANK REFERENCE:

WHERE DO YOU BANK? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 CHECKING ACCOUNT # \_\_\_\_\_ ANY LOANS? \_\_\_\_\_  
 OFFICER'S NAME \_\_\_\_\_

### IV. RESALE CERTIFICATE:

NAME OF PURCHASER: \_\_\_\_\_  
 ADDRESS OF PURCHASER: \_\_\_\_\_

I HEREBY CERTIFY:

- 1) I hold Sellers Permit No. \_\_\_\_\_ in the State of \_\_\_\_\_ issued pursuant to the Sales and Use Tax laws.
- 2) That I am in the business of selling: \_\_\_\_\_.
- 3) That the products to be purchased from **Tech Works** will be resold or rented in the ordinary course of purchaser's business.

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** and will not share that information with their competitors. We authorize this information to be used to obtain credit references. It will be held in the strictest confidence. Terms and Conditions is as stated in our price sheet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINT NAME & TITLE

\_\_\_\_\_  
DATE

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Approved by: \_\_\_\_\_

Dealer \_\_\_\_\_

Date: \_\_\_\_\_

12/1/11

Potential \_\_\_\_\_