

Distribution

*Requesting Credit Term Please Download Application Form from AlarmCCTV.com * SALES: _____

COMPANY INFORMATION	COMPANY NAME		OWNER NAME	
	ADDRESS		E-MAIL	
	CITY/STATE/ZIP		PURCHASER NAME (1)	
	TELEPHONE	FAX	E-MAIL	
	E-MAIL	COMPANY WEBSITE		
	FEDERAL TAX ID	YEARS IN BUSINESS		
	Online Order (Price Check) ID: _____		PASSWORD: _____	

CONTACT INFO DO NOT RELEASE PRICE BESIDE THE PERSON LIST ABOVE

TRADE REFERENCES	COMPANY NAME		COMPANY NAME	
	ADDRESS/CITY/STATE/ZIP		ADDRESS/CITY/STATE/ZIP	
	PHONE #	ACCOUNT #	PHONE #	ACCOUNT #
	PRODUCT OR SERVICE PURCHASED		PRODUCT OR SERVICE PURCHASED	

Nature of Business: DISTRIBUTION DEALER INSTALLER RETAIL E-COMMERCE OTHER: _____

Contractor License # (if any): _____ Alarm Company License # (if any): _____

How did you hear about us? STORE SIGN E-MAIL PROMO FAX PROMO TRADE SHOW WEB SEARCH CATALOG SDM MAG.
 SECURITY SALES MAG. SECURITY PRODUCTS MAG. REFERRAL FROM FRIEND OTHER: _____

I HEREBY AUTHORIZE ALARM CCTV DISTRIBUTION, Inc. to charge my credit card for the purchases, advance cross shipment, services and any future unpaid balances that correspond to a sales order submitted by ALARM CCTV DISTRIBUTION, Inc., placed by myself, my company, its principals, and/or its representatives.

The information contained herein is true and accurate to the best of my knowledge and is considered confidential.

I accept the terms and conditions set forth in corresponding credit card agreement and ALARM CCTV DISTRIBUTION, Inc. sales policies.

CREDIT CARD AUTHORIZATION	CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD	
	ACCOUNT NUMBER	EXPIRATION DATE
	CARDHOLDER NAME (Exactly as it appears on the card)	CARD IDENTIFICATION NUMBER (Last 3 digit printed number on the back of the credit card)
	CREDIT CARD BILLING ADDRESS	SHIPPING ADDRESS (if different)
	CARDHOLDER'S PHONE	CARDHOLDER'S FAX
	CARDHOLDER'S SIGNATURE	DATE
	X	

RESALE CERTIFICATE (Please fax with a copy of reseller's permit)

Firm Name: _____ State: _____

HEREBY CERTIFY that I hold valid seller's permit No. _____

Issued pursuant to the Sales and Use Tax Law, that I am engaged in the business of selling:

That the tangible personal property described herein which I shall purchase from **ALARM CCTV DISTRIBUTION, Inc.** will be resold by me in the form of tangible personal property, PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

For the purpose of establishing reseller account with ALARM CCTV DISTRIBUTION, Inc., I, undersigned, warrant the information above to be true, correct and complete to the best of my/our knowledge and hereby authorizes any creditor, bank, lending institution, or any other reference listed herein to furnish ALARM CCTV DISTRIBUTION, Inc. with any and all information requested. By signing below I also read and agree to the Terms and Conditions of Sales and RMA, of ALARM CCTV DISTRIBUTION, Inc..

X _____ TITLE _____
SIGNATURE_____ DATE _____
NAME (PLEASE PRINT)**Alarm CCTV Distribution, Inc.**41101 Albrae Street
Fremont CA 94538
Tel: 1-800-558-7888*** Please Fax Back to (510) 751-0123**

1. Completed Application
2. Copy of Credit Card Holder Driver's License
3. Front & Back Copy of Credit Card
4. Reseller's Permit