



INTEGRATED

Video Supply

DEALER APPLICATION

COMPANY NAME AND DBA: _____ CONTACT NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
OFFICE PHONE: _____ CELL: _____ FAX: _____
EMAIL: _____
WEBSITE: _____
YRS IN BUSINESS: _____ FED ID: _____
D&B#: _____ LICENSE # (if applicable): _____
NAMES OF AUTHORIZED PURCHASERS: _____

OWNERSHIP INFO

COMPANY TYPE (LLC/PARTNERSHIP/SOLE PROP/ETC) _____
OWNER NAME: _____ EMAIL: _____

ABOUT YOUR COMPANY

HOW MANY CCTV SYSTEMS DO YOU CURRENTLY INSTALL PER MONTH? _____
WHICH BRANDS ARE YOU CURRENTLY USING? _____
WHICH SUPPLIERS ARE YOU CURRENTLY USING? _____
WHAT ARE YOUR ESTIMATED MONTHLY CCTV PURCHASES? _____
HOW DID YOU HEAR ABOUT INTEGRATED VIDEO SUPPLY? _____
DO YOU HAVE TECHNICAL SUPPORT ON-STAFF? _____
HOW MANY EMPLOYEES DO YOU HAVE? _____
HOW MANY ARE SALESPEOPLE? _____

Signature: _____ Date: _____