



Tech Works™

"Making Specialized Communication Easy"

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 _____

ACCOUNTING MANAGER _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____

SALES MANAGER OR PRIME CONTACT _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____

PURCHASING AGENT _____ PHONE _____ FAX _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____

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

A Division of: *United Communication Technology, Inc.*
 22349 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

Approved by: _____

Rep Approval: _____

Date: _____

Date: _____



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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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