



# 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  PRO SOUND  PAGING / BGM

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

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

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

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

#### II. CONTACT INFORMATION:

PRINCIPAL \_\_\_\_\_

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

GENERAL MANAGER \_\_\_\_\_

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

SALES MANAGER OR PRIME CONTACT \_\_\_\_\_

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

ENGINEER \_\_\_\_\_

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., Ste 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: \_\_\_\_\_

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)

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

### 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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