



New Dealer / Integrator Company Information Sheet

Company Name _____

Company Address _____

Phone _____

Web address _____

Your Name _____

Year Company formed _____

How is your company organized? Sole Proprietor _____ Corporation _____

Owners / Principals _____

Type of business: Distributor _____ Integrator _____ Consultant _____

Area of expertise: Commercial _____ Residential _____ Both _____

Specialty areas:

Number of employees: _____ **Number of installers:** _____

Are your installers certified by AMX, CEDIA, Control4, Crestron, etc?

Please list affiliations and certifications:

Technical contact Name: _____ phone: _____

Email: _____

Admin contact Name: _____ phone: _____

Admin email: _____

How did you hear about us? Web search____ Referral____ Tradeshow_____

Blog____ If so, which?_____ Forum____ If so, which?_____

Manufacturers Rep _____

Are you or your company interested in beta testing future Zektor products?

Yes ____ No ____

Please email or fax a copy of your state reseller permit with this form if in California. Fax number 858-748-8224. Email customerservice@zektor.com

Thank you for purchasing Zektor products

Credit Card Authorization

I/We, hereby authorize Zektor Incorporated to utilize the following credit card for the purchase of Zektor Incorporated products.

Signed **Title**

Printed Name

Credit card number _____

____ **AMEX** ____ **Master Card** ____ **VISA** **Security code** ____ **Exp** _____

Name on card: _____

Billing address: _____

City: _____ **State:** _____

Authorized purchasers: _____

