



APPLICATION FORM

COMPLETE THIS FORM AND SEND IT TO ALVAN ELECTRONICS MIAMI INC. TO EMAIL: dealer@alvanelectronics.com

YOUR COMPANY WILL BE EVALUATED FOR ACCEPTANCE AS A DISTRIBUTOR.

Please complete the following form in its entirety. Incomplete applications will delay processing. Please type or print legibly.

BILLING INFORMATION	SHIPPING INFORMATION
Company Name:	Company Name:
Address:	Address:
City / State / Zip / Country:	City / State / Zip / Country:
Contact:	Contact:
Phone:	Phone:
Email:	Email:

CORPORATE INFORMATION	
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership (LP) <input type="checkbox"/> Other	
Company Name:	Address:
Document Number #:	FEI/EIN Number #:
Type of Business:	Resale Tax Certificate Number #:
Years in Business:	Website Address:
President / CEO:	Controller / CFO:
Email:	Email:



BANK REFERENCE	AUTHORIZATION TO DISCLOSE INFORMATION
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Bank Name:
Address:
City / State / Zip / Country:
Account Number #:
Officer / Contact:
Email Contact:
Phone #:

In support of this application ALVAN ELECTRONICS MIAMI INC. is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with which I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only for consideration of this application.

SIGNED BY AUTHORIZED OFFICER

Signature:	Date:
Name (Please Print):	Title:

INFORMATION ABOUT YOUR BUSINESS

How many employees do you have?	What percentage (%) of your jobs are residential and commercial?
How many salespeople do you have?	What is your projection for revenue this year?
How many installers do you have?	What was your total company revenue last year?



WHAT PRODUCTS LINES DO YOU CURRENTLY CARRY?
PLEASE LIST BANDS FOR EACH CATEGORY BELOW

AUDIO:
VIDEO:
AUTOMATION:
LIGHTING:
SECURITY CAMERAS: