



# SECURITECH INTERNATIONAL, INC.

## DEALER APPLICATION

You must be an authorized dealer in order to purchase products from Securitech International, Inc. If you would like to become one of our dealers please complete this application and return to us via email at [admin@securitechintl.com](mailto:admin@securitechintl.com) or fax at (866) 945-9570.

**Incomplete applications or applications without the proper signatures will not be processed.**

BUSINESS INFORMATION		
Company Name:		Main Email Address:
Main Phone No:		Main Fax No:
Mailing Address:		County:
City:	State:	Zip:
Shipping Address (if different than above):		County:
City:	State:	Zip:
TYPE OF BUSINESS		
<input type="checkbox"/> Security Dealer <input type="checkbox"/> Fence Dealer <input type="checkbox"/> Other: _____		
Year Business Started:	Years at present location:	
Annual Sales: \$	License #:	
TYPE OF ORGANIZATION		
<input type="checkbox"/> Private Corporation <input type="checkbox"/> Public Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
OFFICERS		
1. Name:		Title:
Home Address:		Phone:
2. Name:		Title:
Home Address:		Phone:
BANKING INFORMATION		
Bank Name:		Account No:
Address:		Phone:
		Fax:
Contact Person's Name/Title:		
<i>I authorize the aforementioned bank to release credit and balance information to Securitech International, Inc. for the purpose of establishing a line of credit.</i>		
Signature of person on account: X		
Printed/typed name on account: X		

TRADE REFERENCES		
1. Company:	Acct. No.:	
Address:	Phone:	
	Fax:	
2. Company:	Acct. No.:	
Address:	Phone:	
	Fax:	
3. Company:	Acct. No.:	
Address:	Phone:	
	Fax:	
4. Company:	Acct. No.:	
Address:	Phone:	
	Fax:	
FINANCE CONTACT INFORMATION		
Name:	Email:	
Phone:	Fax:	
Please indicate how you would like to receive your invoices, statements, etc:		
<input type="checkbox"/> Fax <input type="checkbox"/> Email		
PURCHASING CONTACT INFORMATION		
Name:	Email:	
Phone:	Fax:	
Please indicate how you would like to receive order confirmations, etc:		
<input type="checkbox"/> Fax <input type="checkbox"/> Email		
Are you tax exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, you must attach a copy of a valid tax exempt certificate to this application		
Names of persons authorized to place orders:		
1.	2.	
Customer expressly assumes responsibility and liability for any and all extensions of credit under this Agreement by Creditor to the Customer named below or any person receiving credit under this Agreement with the knowledge and consent of the below named Customer. Accounts thirty-one (31) days old are subject to a service charge of 1.5% per month (18% per annum) with minimum fee of \$5.00. Should Creditor refer the Customer's account to an attorney for collection, Customer agrees to pay the fees for such attorney, not to exceed 40% of principal and service charge due and owing at the time the account is placed with said attorney, including all fees on appeal and of those supervised by such attorney. Customer agrees to allow the Creditor to conduct a credit investigation of Customer's credit worthiness, whereby information may be obtained through personal interviews and correspondence with the Customer's bank, other creditors, friends, relatives, and trade persons with whom Customer is acquainted. Customer acknowledges that payment on any accounts hereunder shall be paid to Creditor at Cocoa Beach, Florida. Customer waives any "venue privilege" and/or "diversity of citizenship privilege" which it has now or may have in the		
Authorized Signature: X	Title	
Printed/typed name: X	Date:	
The above Agreement is guaranteed personally for payment by:		
X _____	Printed / Typed name	
<i>Signature of Owner or Principal</i>		
FOR OFFICIAL USE ONLY		
Approved by:	Date:	
Customer Added: <input type="checkbox"/>	Terms:	Sales Rep: