

# SmartLock® Dealer Application

Please submit the following information to assist us in our evaluation of your company. All information received will be held in confidence. Please e-mail or fax your completed application, along with any required documentation to: E-MAIL: sales@cansec.com or FAX: (905) 820-0301

## General Information

Company Name	Business Type <i>(select one)</i>	Sole Proprietorship	Corporation
		Partnership	Other _____

Company Website

Street Address	City	Prov/State	Postal/ ZIP Code	Country
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Federal Tax Exemption No. *(USA only)*

## Personnel

No. of Employees	No. of Service Technicians/Installers	No. of Service Vehicles
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Owner/President: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Manager: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_ Email: \_\_\_\_\_

## Business Operations

Years in Business	Years of Experience Installing Access Control	Systems Installed <i>(check all that apply)</i>	Keri	Kantech	Honeywell
			Lenel	Keyscan	Other _____

Rate the computer skills of your technicians/installers

Basic	Good	Excellent	Familiar with Windows Networking
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# SmartLock Dealer Application

## Payment

Credit amount applying for: \$ \_\_\_\_\_

Or by credit card

## 30-Day Terms:

### Bank References\* (Not required if payment will be by credit card)

Bank Name	Account Number	Phone
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\* Include bank references for personal accounts if your business type is sole proprietorship or partnership.

### Trade References (Not required if payment will be by credit card)

Supplier Name	Account Number	Phone	Fax
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Supplier Name	Account Number	Phone	Fax
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Supplier Name	Account Number	Phone	Fax
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## General Liability Insurance

I have attached mandatory proof of general liability insurance.

## Signature

I certify that the credit information provided is correct.

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
DATE