



DEALER APPLICATION

Please e-mail or fax completed form to SecuriCo, Inc.

e-mail: purchasing@securico.com FAX to: 952-898-5571

Dealer Contact Information:

Company Name: _____

Primary Contact(s): _____

Phone Number: _____ Fax _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip _____

Accounts Payable Contact: _____

Phone Number: _____ Fax _____ Email: _____

NOTE: A valid email address is required for all communications with SecuriCo, Inc

Company Website: www. _____

Federal Tax ID (EIN): _____

Date Incorporated: _____ State of Incorporation: _____

Type of Business: Corporation (Type) _____ Partnership (Type) _____ Other: _____

Individual(s) Authorized to Purchase/Place Orders: _____

Phone Number: _____ Fax _____ Email: _____

Do you conduct business in the State of Minnesota? No _____ Yes _____ If yes, attach a copy of your MN Certificate of Exemption or ***WE WILL CHARGE YOU TAX!***



Owner/s or Officers:

Name:

Title:

Name:

Title:

Credit Information:

Company Name:

State of Registration:

Street Address:

City: _____ State: _____ Zip: _____

Bank Name: _____ Branch Phone # _____

Contact Person(s):

Checking Account #:

Loan Account #:

I (we) authorize you to release normal credit information relative to my company, as named above, to SecuriCo, Inc.

Print name: _____

Signature: _____



Current Credit References:

Reference #1:

Company Name: _____
Account Number: _____
Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____

Product or Service Purchased: _____

Reference #2:

Company Name: _____
Account Number: _____
Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____

Product or Service Purchased: _____

Primary Business:

Security Dealer: ___ Systems Integrator: ___ Other (please specify): _____

Please describe all of the services that your company provides:

Consulting & design: ___
Product technical training: ___
Software & hardware support: ___
Other: _____ (please specify):

Please describe your company:

Total number of full-time employees: _____
Total number of installer technicians: _____
Total number of sales people: _____
What geographic area does your company serve?



ADDITIONAL COMMENTS:

To the best of my knowledge everything I have stated in my application is correct.
Yes! I want to become a SecuriCo, Inc. / Securus Web Authorized Dealer.

PLEASE PRINT

Company: _____

Name: _____

Title: _____

Date: _____ Signature: _____

FOR INTERNAL USE ONLY:

Internal Review Conducted By:

Date: _____

Name: _____

Title: _____

Contacted Dealer and Date: _____



14573 Grand Avenue, Suite 100
Burnsville, MN 55306
Office: 952-898-5500 / Fax: 952-898-5571
purchasing@securico.com
www.securico.com www.securusweb.com