



EAGLE ACCESS CONTROL SYSTEMS, INC.
 12953 FOOTHILL BLVD.
 SYLMAR, CA 91342
 TEL: 818-837-7900 * FAX: 818-837-7911
 TOLL FREE: 800-708-8848

Company

Date

Distributor Application

Complete this application & return by fax to (818) 837-7911. Note: pricing, discounts and terms can only be disclosed after review of this information. A \$10,000 minimum stocking order is requires. See your rep for details. Thank you.

BUSINESS PROFILE

In what industries does your company primarily do business in? (Check all that apply)

- Professional Access Control Product Distribution
- Ornamental & Miscellaneous Metal Distribution (Including Welding Supplies)
- Fence Product & Supply Distribution
- Fence & Gate Installation
- Ornamental Metal Fabrication
- Security System Sales & Installation
- Other: _____

Which types of gate applications to you anticipate selling best? (Check all that apply)

- Commercial
- Residential
- Slide
- Swing
- Other _____

Which type of hardware do you sell or are you interested in? (Check all that apply)

- Fire Boxes
- Key Lock Boxes
- Keypad Entry Systems
- Phone Entry Systems
- Other _____

Note: All credit information confidential.

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Average or estimated number of gate operators per year? _____

Competing and/or complementary brands of product currently or planning to carry? _____

Territory or Region you serve _____

Competing Distributors in the Territory or Region you serve _____

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Company: _____

Type: (Circle one)
 Corporation LLC Sole Propriety General Partnership

Address: _____

City: _____ State: _____ Zip: _____

WEB: _____ Email: _____

PHONE: _____ FAX: _____

COMPANY OWNERS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PHONE: _____ FAX: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

TAX STATUS

EXEMPT _____ NOT EXEMPT _____

Attach proof of tax exemption (Reseller's Permit or equivalent)

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TRADE REFERENCES

1. Name: _____ ACCOUNT No.: _____
Address: _____
City: _____ State: _____ Zip: _____
PHONE: _____ FAX: _____

2. Name: _____ ACCOUNT No.: _____
Address: _____
City: _____ State: _____ Zip: _____
PHONE: _____ FAX: _____

3. Name: _____ ACCOUNT No.: _____
Address: _____
City: _____ State: _____ Zip: _____
PHONE: _____ FAX: _____

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