

Global Electronics, Ltd.
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Dealer/Installer Application

Please fill out all questions:

Please tell us about your company: The information below will be used for all formal contact with your company.

Your Name and title: _____

Business Name: _____

DBA: _____

Date Established _____ Federal Employer No. _____

Phone No. _____ Fax No. _____

E-Mail Address: _____

Physical Address (Street, Suite No.): _____

City, State, Zip Code: _____

Business Form: Annual Sales Volume: \$ _____

Corporation LLC Limited Partnership

General Partnership Sole Ownership

Subsidiary of _____ Division of _____

Parent Company: _____

Address: _____

Names and Address of Officers and/or Owners:

President: _____

Email address _____

Vice-President: _____

Email address _____

List any branch Offices

List any licenses, certifications or special training:

What is your Service Area?

Please tell us about your experience:

How long has your company been servicing Self Storage? _____

How many technicians or installers do you employ on a regular basis? _____

Customer References:

Please provide your information on the three most recent installation or repair jobs.

Customer	City	State	Equipment/Job type	No of units
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Does your company have a specialty?	Y	N
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If yes, what is it? _____

Product Information:

Do you wish to receive advanced notice of upcoming products or product enhancements?	Y	N
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What is your preferred method of contact?	Phone	Fax	Email
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Do you have any product enhancement suggestions?	Y	N
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If yes, please explain. _____

Are there any products that you would like to be made available?	Y	N
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If yes, please explain. _____

Which brands of access control and alarm equipment do you install?

What kind of equipment is it? _____

Which of these do you provide, install or service:

	Provide	Install	Service
Access Control Installations			
Access Control Service			
Alarm System - Commercial			
Alarm System - Mux or Single Unit			
CCTV			
Gate Operators			
Gates - Lift			
Gates - Slide			
Loop Detectors			
Other			
Perimeter Beam Installation			
Perimeter Beam Service			
Video Surveillance Systems			

So that we may best direct business opportunities to you, please provide the following information.

What is your current Service Rate? _____

What is your Warranty? _____

Please attach a copy of your:

- Current Installation Contract
- Warranty
- Sales Brouchure

Dealer/Installer _____

By: _____

Name: _____

Title: _____