

ENCON DEALER INFORMATION SHEET

Required for all potential authorized Encon dealers

COMPANY INFO

COMPANY NAME _____
CONTACT NAME (Person who should receive promotional information) _____
SOLE PROPRIETOR PARTNERSHIP CORPORATION
SHIP TO ADDRESS _____
BILLING ADDRESS/P.O. BOX _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ E-MAIL ADDRESS _____
HOW DID YOU HEAR ABOUT ENCON? WORLD FENCE NEWS FABRICATOR FENCEPOST DOOR & ACCESS SYSTEMS
INTERNET TRADE SHOW REFERRAL (Please specify who referred you) _____ OTHER (Please explain) _____

PRINCIPALS

AT LEAST ONE PRINCIPAL IS REQUIRED
NAME _____ TITLE _____
NAME _____ TITLE _____
NAME _____ TITLE _____

BUSINESS INFO

TYPE OF BUSINESS _____
STATE CONTRACTOR'S LICENSE # (Required) _____
CITY BUSINESS LICENSE # (If Applicable) _____
RESALE # (If Applicable) _____
YEAR BUSINESS ESTABLISHED _____ NUMBER OF EMPLOYEES _____

REFERENCES

PLEASE LIST THE SUPPLIER NAME AND PRODUCT PURCHASED • THIS IS NOT A CREDIT APPLICATION
SUPPLIER NAME _____ PRODUCTS PURCHASED _____
SUPPLIER NAME _____ PRODUCTS PURCHASED _____
SUPPLIER NAME _____ PRODUCTS PURCHASED _____
TYPE OF EQUIPMENT REQUESTED FROM ENCON _____
PERSON(S) AUTHORIZED TO PLACE ORDERS _____

The undersigned represents that the above named company is an experienced and qualified installer of access control, communications, security and/or automatic gate equipment and acknowledges that this representation is a condition of all sales by Encon Electronics. All warranties and other commitments made by Encon Electronics as part of the normal sales process will be void and unenforceable if this representation proves to be false.

AUTHORIZED SIGNATURE _____ DATE _____
NAME (PRINT OR TYPE) _____ TITLE _____

ENCON USE ONLY

REVIEWED BY _____ DATE _____
APPROVED _____ REFUSED _____ COMMENTS _____

