



Div. Tower Products, Inc.
 812 Kings Highway • Box 397
 Saugerties, New York (USA) 12477
 Offices: 845-246-0428 FAX: 845-246-0626
 Sales: 800-543-0909 • E-Mail: marcial@tecne.com
 www.tecne.com

Please Print or Type

**Please Note:
 International
 Accounts are
 Credit Card or
 Prepaid Only**

TECNEC INTERNATIONAL DEALER APPLICATION

**You Must Complete all Sections or this Form will be RETURNED.
 SIGNED CERTIFICATE OF RESALE MUST ALSO BE ATTACHED.**

Name Of Firm _____ Corporation Partnership Proprietorship LLC

Street _____ Subsidiary Of _____

P.O. Box _____ Type Of Business _____

City / Province _____ License / Resale/Sales Tax No. _____

Postal Code _____

Country _____ Purchasing Name/Phone/Fax _____

Phone: _____ Fax: _____

E-Mail*: _____ Accounts Payable Name/Phone/Fax _____

Website: _____

Of Years In Business _____ Other Locations? Yes No If Yes, How Many? _____

Of Employees _____ How Did You Hear About TECNEC Distributing? _____

Business Operates From Own Building Office Building Home Other _____

What TecNec Products Are You Interested In? _____

IMPORTANT! Please provide your Company Profile or internal contact information (sales, purchasing etc.) so we may keep you updated with new products and literature. Authorized Dealers can log in to our web site for the latest prices.

* Although I have provided my e-mail & fax number, I **do not** wish to receive promotional e-mails sent by TecNec.

Current Industry Memberships NAB SMPTE ITVA SBE AES NSCA NAMM CEDIA Other

Please List a MINIMUM OF FOUR (Required) Manufacturers/Distributors for Which You are a Dealer, Contractor or Installer.

<p>1. Company _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____</p> <p>Phone & Fax _____</p> <p>Doing Business Since: _____</p>	<p>2. Company _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____</p> <p>Phone & Fax _____</p> <p>Doing Business Since: _____</p>
<p>3. Company _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____</p> <p>Phone & Fax _____</p> <p>Doing Business Since: _____</p>	<p>4. Company _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____</p> <p>Phone & Fax _____</p> <p>Doing Business Since: _____</p>

I Certify That All Statements Made By Me In This Application Are Correct To My Knowledge. I Authorize Tower Products To Investigate & Verify The Information I Have Provided Herein.

Signature _____ **Title** _____

Name (Print) _____ **Date** _____