

TOUGHDOG SECURITY SYSTEMS – New Account Application

Completion of this application and the below prerequisites are required for TOUGHDOG SECURITY SYSTEMS. Please note that, if approved, your company will be qualified to purchase and sell all TOUGHDOG SECURITY SYTEMS surveillance equipment.

Please, e-mail completed application and copy of Sales Tax Permit to sales@tdsecuritysystems.com

Section I. General Information:

Company's Primary Job Function: _____

Company Name: _____

Address: _____

City: _____ State / Prov: _____

Country: _____ Zip / Postal: _____

Phone: _____ Fax: _____

Company Website Address: _____

Date Company Started: _____ Number of locations: _____

Company EIN: _____

Do you have experience in CCTV-IP products? _____

Do you currently have a Technical Department? _____

What security brands you currently distribute? _____

Owner or Principal Contact Information:

First Name: _____ Last Name: _____

Email: _____ Phone No: _____ EXT _____

Accounts Payable Contact information:

Check here if same as owner or principal Check here if same as Accounts Payable

First name: _____ Last Name: _____

Email: _____ Phone no. _____ EXT _____

Purchasing Manager Contact information:

Check here if same as owner or principal Check here if same as Accounts Payable

First name: _____ Last Name: _____

Email: _____ Phone no. _____ EXT _____

Person filling this application:

First name: _____ Last Name: _____

Email: _____ Phone no. _____

Position: _____

How did you hear about us? _____

*Please attach a W9 to this document.