



Dealer Registration

Thank you for your interest in becoming an Approved Eagle Dealer.

Please complete this application and return it by fax (818-779-0093) or in person to Eagle Access Control Systems, Inc. This is not an application for credit or direct sales. This is part of the qualification process in becoming an Approved Eagle Dealer.

See your Eagle Representative for details.

Your Company Name

Today's Date

STEP 1. REFERRAL DATABASE (Accurate & Complete Contact Information Required)

Company Info (Primary Physical Location)

Currently On-File	Revised Information
Company	_____
Address	_____
City	_____
State / Zip	_____
Tel	_____
Fax	_____
Website	_____
Email	_____

Contact Info (Primary Contact for Referral – Sales & Service)

Currently On-File	Revised Information
Contact	_____
Title	_____
Mobile Tel	_____
Email	_____

Contact Name for Website (if different from above): _____

My website is available for hyperlink
 FROM www.eagleoperators.com (Circle One): Yes No

My website is able to provide hyperlink
 TO www.EagleOperators.com (Circle One): Yes No



STEP 2. COMPANY DESCRIPTION (Accurate Required)

Emphasis/Areas of Service

- | | |
|---|---|
| <input type="checkbox"/> Primarily New Installation | <input type="checkbox"/> Emergency Service (24 hr) |
| <input type="checkbox"/> Primarily Service & Repair | <input type="checkbox"/> Retail Sales (Parts & Accessories) |
| <input type="checkbox"/> Both Service & Repair and New Installation | <input type="checkbox"/> _____ |

Service Area:

Types of Applications (Check all that apply)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Commercial (Multi-unit) | <input type="checkbox"/> Slide |
| <input type="checkbox"/> Residential (Single-unit) | <input type="checkbox"/> Swing |
| <input type="checkbox"/> Overhead | <input type="checkbox"/> Other _____ |

Proficiency (Check & Circle all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Master/Slave (Beg.....Mod.....Exp) | <input type="checkbox"/> Fire, Key & Lock Boxes, etc. (Beg.....Mod.....Exp) |
| <input type="checkbox"/> Keyless Entry Systems (Beg.....Mod.....Exp) | <input type="checkbox"/> Phone Entry (Beg.....Mod.....Exp) |
| <input type="checkbox"/> Loops & Loop Detectors (Beg.....Mod.....Exp) | <input type="checkbox"/> Other _____ |

Estimated number of gate operators you install per year? _____

Other brands of gate operators you install and/or service? _____

Distributors you currently buy from or have accounts with: _____

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

Additional Information (If Any)

STEP 3. ADVANCED REPLACEMENT FOR EXPRESS RMA

Advance Replacement for Express RMA is available to Registered Eagle Dealers.

To help facilitate service and repair of Eagle Gate Operators, you can receive replacement parts in advance of warranty evaluation. Simply call in to request the parts you know or suspect are needed. Return the parts suspected to be under warranty after your customer is up and running.

Only if suspected parts are not covered under warranty will charges apply.

Check here to request Authorization for Advance Replacement for Express RMA Yes



STEP 4. TRADE REFERENCES (This is not an application for credit.)

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

3. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

STEP 5. CONTRACTOR LICENSES

State Held: _____	State Held: _____
Type: _____	Type: _____
License No.: _____	License No.: _____
State Held: _____	State Held: _____
Type: _____	Type: _____
License No.: _____	License No.: _____

Sign & Fax Back to (818) 779-0093

Signature Date

Note: This is not an application for credit