



# 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 ext.	_____
Fax	_____
Website	_____
Email	_____

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

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

**Contact Name** (As will appear on Eagle Website): \_\_\_\_\_

**Contact Phone No.** (As will appear on Eagle Website): \_\_\_\_\_

My website is available for hyperlink  
 FROM [www.eagleoperators.com](http://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** (As will appear on Eagle Website):

- |   |   |
|---|---|
| <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"/> Welding Fabrication & Repair       |
| <input type="checkbox"/> Access Controls                            | <input type="checkbox"/> _____                              |

**Service Area** (As will appear on Eagle Website):

\_\_\_\_\_  
\_\_\_\_\_

Types of Applications (Check all that apply)

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

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** (No contact will be made without your expressed authorization)

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** (If Applicable)

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

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Sign & Fax Back to (818) 779-0093

\_\_\_\_\_  
Signature Date