



EAGLE ACCESS CONTROL SYSTEMS, INC.  
 13745 SATICOY STREET  
 VAN NUYS, CA 91402  
 TEL: 818-779-0920 \* FAX: 818-779-0093  
 TOLL FREE: 800-708-8848  
 WWW.EAGLEOPERATORS.COM

## Distributor Application

Thank you for your interest in becoming an authorized distributor for Eagle Access Control Systems, Inc. Please take a few moments to fill out this application & return by fax to (818) 779-0093. Thank you.

Your Company Name

Today's Date

### BUSINESS PROFILE

In what industries does your company primarily do business in? (Check all that apply)

- Professional Access Control Product Distribution
- Ornamental & Miscellaneous Metal Distribution (Including Welding Supplies)
- Fence Product & Supply Distribution
- Garage Door, Industrial Door or Overhead Door Distribution
- Overhead Door Installation
- Fence & Gate Installation
- Ornamental Metal Fabrication
- Security System Sales & Installation
- Other: \_\_\_\_\_

Which types of gate applications to you anticipate selling best? (Check all that apply)

- Commercial
- Residential
- Slide
- Swing
- Overhead
- Other \_\_\_\_\_

What hardware and/or accessories do you currently or plan to sell? (Check all that apply)

- Gate Roller, Guide Wheel, Hinges, etc.
- Fire Boxes, Key Lock Boxes, Magnetic Locks, etc
- Loops, Loop Detectors, & other Traffic Control Devices
- Keypad Entry Systems
- Phone/Intercom Entry Systems
- Other \_\_\_\_\_

Do you stock and sell gate operator parts (circle one)                      Yes / No

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Note: All credit information confidential. -ID-  
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BUSINESS PROFILE (continued)

Average or estimated number of gate operators per year? \_\_\_\_\_

Do you sell nationally (circle one)      Yes / No

Competing and/or complementary brands of product currently or planning to carry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you sell (circle one)      Wholesale      Retail      Wholesale & Retail

Territory or Region you serve \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have website (circle one)      Yes / No

Name the Distributors (your competition) in the Territory or Region you serve \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you now or have plans to offer RMA/Advance Replacement (circle one)      Yes / No

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CREDIT APPLICATION

(Credit Terms: With credit approval, normal terms apply (2% ten/net 30). Prepayment or COD on initial stocking order. Minimum Stocking Order \$10,000. Contact your representative for details.)

Company: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WEB: \_\_\_\_\_ Email: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY OWNERS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TAX STATUS

EXEMPT \_\_\_\_\_ NOT EXEMPT \_\_\_\_\_

**Attach proof of tax exemption** (Reseller's Permit or equivalent)

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TRADE REFERENCES

1. Name: \_\_\_\_\_ ACCOUNT No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ ACCOUNT No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ ACCOUNT No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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BANKING INFORMATION

1. Name: \_\_\_\_\_ ACCOUNT No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

2. Name: \_\_\_\_\_ ACCOUNT No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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Please sign below to verify your approval for creditors to provide credit information to Eagle Access Control Systems, Inc.

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

\_\_\_\_\_  
 Print Name

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