

Please Fill Out Completely and Legibly

Company Info

Company Name _____

Billing Address _____

City _____

State _____

Zip _____

Shipping Address _____

City _____

State _____

Zip _____

For shipping purposes please specify address type: Residential or Commercial

Contact Name _____

Title _____

() _____

() _____

Phone _____

Fax _____

Email _____

Website _____

1. Is your company involved with installing and/or reselling the products we supply?

- Yes
 No

2. Please tell us about your business:

- Installing Dealer
 Store Front Reseller
 Internet Reseller
 Builder/Architect
 Electrician
 Manufacturer
 Other: _____

3. Which product lines do you currently offer or install?

- Whole House Control Systems
 Distributed Audio Video
 Home Theater
 Security Alarm
 Lighting Systems/Landscaping
 Structured Wiring/Cabling
 Access Control
 IT Dealer
 Other: _____

4. Where did you hear of Home Controls, Inc.?

- Friend or Home Controls' Customer
 Manufacturer
 Magazine Ad
 Internet (i.e. Google, Yahoo, etc)
 Direct Mail
 Other: _____

Authorization

5. DealerFirst! Authorization. Please register me in the Home Controls DealerFirst! Program. I certify that I am an installing dealer and the products I purchase will be for resale and installation. All information provided on this application is true and accurate.



Authorized Signature _____

Date _____

Print _____

Title _____

IMPORTANT: Please include a copy of your business license, contractor license, or tax resale certificate along with this application. A copy of the actual document must be submitted. We cannot accept the number alone. All California dealers must provide a California Resellers Certificate otherwise Home Controls must collect sales tax.

08/12/09