



# Dealer Registration

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. Which Dealer Program would you like to join?**

- DealerFirst!       ReferralPlus!

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

- Yes       No

**3. Please tell us about your business:**

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

**4. Which product lines do you currently offer or install?**

- Locking Devices  
 Security Alarm / Fire Alarm  
 Wiring/Cabling  
 Access Control  
 IT Dealer  
 Locksmith  
 Other: \_\_\_\_\_

**5. Where did you hear of Cobra Controls?**

- Friend or Cobra Controls' Customer  
 Manufacturer  
 Magazine Ad  
 Internet (i.e. Google, Yahoo, etc)  
 Other: \_\_\_\_\_

## Authorization

**6. DealerFirst! Authorization.** Please register me in the Cobra 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 New York dealers must provide a New York Resellers Certificate otherwise Cobra Controls must collect sales tax.

11/21/11