



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?

- Dealer First Referral Plus

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 Dealer First 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 without a resellers certificate, Cobra Controls must collect sales tax.

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