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.

11.30.2025

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