



Welcome! We are pleased that you have expressed an interest in becoming an Authorized BEC Dealer. Please submit the completed application below to: support@becsolutionsllc.com. Should you have any questions regarding the application process, please feel free to call toll free at 888-556-3998.

BEC Integrated Solutions LLC

BEC Authorized Dealer Application *All information will be held in strict confidence and is used solely for the purpose of evaluation.*

REQUIRED				
Company Legal Name:		Application Contact:		E-Mail Address:
Company Website URL:		Phone Number:		Fax Number:
Office Mailing Address:		Shipping Address (if different)		Shipping Contact:
				Phone:
City:		FED TAX #	City:	E-mail:
State:	Zip Code:	STATE SALES TAX #	State:	Zip Code:
OPTIONAL CREDIT / DEBIT CARD AUTHORIZATION FOR SAMPLE AND SERVICE CHARGES				
CC NAME	CC TYPE	EXP DATE	Accounting Contact:	Phone / EMAIL:
CC ADDRESS		CVV #	Purchasing Contact:	Phone / EMAIL:
CC#		E-mail:	Marketing Contact:	Phone / EMAIL:
I HEREBY AUTHORIZE THIS CREDIT/DEBIT CARD TO BE CHARGED FOR PURCHASES FOR THE ABOVE NAMED ORGANIZATION:				Date:

Business Type Corporation S Corporation Sole Proprietorship Gov agency **Years in Business** _____

Prior year annual revenue \$ _____ **Projected revenue for this year \$** _____ **Number of employees** _____

How would you classify your primary business market(s)? (check all that apply)

- IT/Network Electrical / Low Voltage Security Electronics System Integrators Retail/E-Tail
 Government / Education Commercial Building Automation AV / Home Automation Other: _____

What geographic area does your organization serve?

- Local (~ 50 mile radius) State Regional (~ 300 mile radius/up to 5 states) National International

Aprox. number of employees that would sell and service :

_____ Full-time inside sales people _____ Outside sales people _____ Full-time Technical Sales _____ Tech Support

Indicate below what types of marketing activities your company plans to use:

- Web Site Trade Shows Direct Mail / Newsletter Print advertising Other _____

Please describe any **value-added services** that your company offers (i.e. System Knowledge, Marketing, Sales, etc.):

Please list any other products of interest:

The statements provided in this application are accurate to the best of my knowledge. I understand and agree to the following: Completion and return of this application does not constitute acceptance by BEC of the undersigned as a Reseller. BEC reserves the right at its sole discretion to deny authorization for any reason. Failure to sign below will cause delay in application processing. Applications, approvals, and contracts must be complete before you may advertise or represent this location as a BEC Reseller. Note that no binding agreement is formed until BEC has approved you as a Reseller. BEC approval shall only be indicated by its written notification of acceptance.

By (Signature):	Date:
Print Name:	Print Title: