

DEALERSHIP APPLICATION FORM

Please fill in all the blanks as much as possible. Please type or write legibly.

Company/Business Name: _____

Form of Business Ownership: Sole Proprietor Partnership Corporation

Name of Owner
(If Sole Proprietor): _____
Last First Middle

Company Address: _____
No./Unit/Bldg. Street Brgy.
_____ *City State/Province*

Contact Person: _____ Position: _____

Mobile Number/s: _____

Telephone Number/s: _____

Email Address: _____ Years of Business: _____

Website: _____

Nature of Business: _____

Former CCTV Supplier
(If Applicable): _____ Brands: _____

Volume Of Purchase (Approx): _____

Annual Business Sales Revenue: _____

Expected CCTV Sales Volume: _____

I HEREBY CERTIFY THAT ALL THE INFORMATION HEREIN STATED ABOVE ARE TRUE AND CORRECT

PRINTED NAME AND SIGNATURE

Please email this form back to: sales@expose.ph
We will get back to you as soon as possible.