

DEALER APPLICATION

For complete instruction on how to complete this form, please view pg.3 or call CCI at 1-800-KEY-PADS (1-800-529-7237).

 Application Date:

Company Name: _____

Owner's Name: _____

Address: _____

Web Site: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact's Name: _____

Fax #: _____

Contact's Email: _____

COMPANY PROFILE:

Number of years/months in Mobility business: Yrs _____ Mos _____

Year of Incorporation: _____

State of Incorporation: _____

Total number of employees: _____

Resale Number: _____

Number of technicians: _____

QAP Status: _____

Number of salespeople: _____

 NMEDA Member (check for Yes)

Work and Showroom area:

Square footage of installation area: _____

Square footage of showroom area: _____

Number of service bays: _____

 Do you have welding equipment

Estimated business by product line:

Product: _____

Share (%) _____

Product: _____

Share (%) _____

Product: _____

Share (%) _____

Return this completed form (2 pgs) to CCI and include:

1. A list of certified technicians and authorized purchasers.
2. A copy of the company's liability insurance certificate.

FOR OFFICE USE ONLY

 CCI Dealer #

 Terms:

CREDIT APPLICATION:

Owner's Name: _____	Billing Contact: _____
Company Name: _____	Billing Dpt Phone: _____
Address: _____	Billing Dpt Fax: _____
City: _____ State: _____ Zip: _____	Billing Dpt Email: _____
Country: _____	Website: _____
	Tax ID#: _____

BUSINESS REFERENCES:

CONTACT 1	CONTACT 2
Contact Person: _____	Contact Person: _____
Company: _____	Company: _____
Address: _____	Address: _____
Apt./Ste.: _____	Apt./Ste.: _____
City, State, Zip: _____	City, State, Zip: _____
Country: _____	Country: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Years Established: _____	Years Established: _____
CONTACT 3	CONTACT 4
Contact Person: _____	Contact Person: _____
Company: _____	Company: _____
Address: _____	Address: _____
Apt./Ste.: _____	Apt./Ste.: _____
City, State, Zip: _____	City, State, Zip: _____
Country: _____	Country: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Years Established: _____	Years Established: _____

BANK REFERENCES:

BANK 1	BANK 2
Contact: _____	Contact: _____
Bank: _____	Bank: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Country: _____	Country: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

SIGNATURE / DATE

Signed By: _____	Date: _____
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INSTRUCTIONS:

*Note: This form must be filled out completely.

When submitting this form by Email:

1. Complete form (both pages) within Adobe Acrobat.
2. Click the "Submit by Email" button (below).
3. Attach a scanned version of your company's liability insurance certificate.
4. In the email that is generated, type a list of certified technicians and and authorized purchasers.
5. Click "Send" (*Outlook Users: Please remember to click the "Send/Receive" button if you are not configured to Send and Receive emails automatically.*)

When submitting this form by Fax: [method 1]

1. Complete form (both pages) within Adobe Acrobat.
2. Click the "Print Form for Fax" button (below).
3. Include a version of your company's liability insurance certificate.
4. Include a list of certified technicians and and authorized purchasers.
5. Sign and Date the Form.
6. Include a Fax Cover sheet with contact information of the person who filled out the form.
7. Fax all of the above to to CCI (248) 577-0037 for approval.

When submitting this form by Fax: [method 2]

1. Click the "Print Form for Fax" button (below). **Note: A "Reset Form" button has been provided (btm of page) to clear all information on the form, and provide a blank form for printing.*
2. Complete form (both pages) manually... please print clearly.
3. Include a version of your company's liability insurance certificate.
4. Include a list of certified technicians and and authorized purchasers.
5. Sign and Date the Form.
6. Include a Fax Cover sheet with contact information of the person who filled out the form.
7. Fax all of the above to to CCI (248) 577-0037 for approval.

*CCI will contact you about your application status.
If approved, you will be given a dealer number and
terms for purchase.*

Email: dealer.sales@creativecontrolsinc.com
Fax to: (248) 577-0037

Digital Signature Field:
(if submitted by Email)
***optional**