



7701 East Gray Road, Suite 5, Scottsdale, AZ 85260
Corporate Office: 480-892-1119 Fax: 480-987-8498 Toll Free: 800-788-7101

DEALER APPLICATION

Legal Business Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Fax Number _____

Type of Entity: Sole Proprietorship _____ Partnership _____ LLC _____ Corporation _____ Other _____

Federal Tax ID Number _____ Resale Number & State _____ (Attach Resale Certificate)

DUNS Number _____ Type of Business _____ Date Established _____

Web Site _____ Email Address _____

Annual Sales Volume: _____

Ownership
Name _____ Title _____ SSN _____

Address _____

Name _____ Title _____ SSN _____

Address _____

Trade References

1. Name _____ Phone _____ Fax _____

Address _____

Contact Name _____ Account Number _____

Product or Service Purchased _____

2. Name _____ Phone _____ Fax _____

Address _____

Contact Name _____ Account Number _____

Product or Service Purchased _____

3. Name _____ Phone _____ Fax _____

Address _____

Contact Name _____ Account Number _____

Product or Service Purchased _____

Bank References

Bank Name _____ Phone _____

Address _____

Account Number & Type _____

All Items offered by Omni Business Solutions DBA Extreme Surveillance are intended for lawful use only. It is up to the company purchasing the items to check local, state and federal laws before sale of the items. A finance charge of 1.5% per month (an annual percentage rate of 18%) will be added to all past due accounts. Title to all merchandise is reserved by the seller until paid for & the buyer agrees to pay all attorney fees and other costs incurred in collection of this account. All sales are final. Returns and refunds must be authorized by Omni Business Solutions and be returned in resellable condition with original packaging. A restocking fee may apply. All custom orders are nonrefundable. I assume full, unconditional financial responsibility for payment for all orders. The undersigned agrees to all Terms and Conditions.

Signed _____ Print Name _____

Title _____ Date _____