

## NUVICO Reseller Application

Company		President	
Address		Main Contact	
City, State, Zip, Country		Year of Est.	
Tel		# of Staff	
Fax		Annual Sales	
E-mail		Homepage	
<b>How did you hear about NUVICO?</b>			
	<input type="checkbox"/> Security Products	<input type="checkbox"/> Security Dealer	<input type="checkbox"/> Mailing
	<input type="checkbox"/> Security Sales & Integration	<input type="checkbox"/> SDM	<input type="checkbox"/> Website <input type="checkbox"/> Other
<b>Current Distributor(s): Please specify the name(s) of Distributor(s)</b>			
Company Name :			
<b>Nature of Business: Please check appropriate description</b>			
	<input type="checkbox"/> Distributor	<input type="checkbox"/> Integrator	<input type="checkbox"/> Dealer <input type="checkbox"/> Other
<b>Current Vendors: Please indicate 3 most frequently used brands for following product categories</b>			
Analog Cameras			
Analog Recorders			
IP Cameras			
IP NVR			
IP VMS			
Other video products			
<b>Coverage of Business</b>			
<b>Offline (List of States)</b>			
<b>Online (if any, selling websites. Please list all websites)</b>			
<b>Comments:</b>			

Application process may will take up to 8 weeks including financial background check. NUVICO representative will contact main applicant if the account is approved. Please contact sales@nuvico.com for any question.

**NUVICO**

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Fax: 201-541-1620

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Homepage: www.nuvico.com