

Authorized Dealer Application

Please fill out the following information. Be sure to complete all required fields*. Please print this page, fill out, and mail or fax the information to:

Automated Visual Protection Corp.
5112 Queens Castle Rd.
Louisville, Ky. 40229 USA
Phone: 502.290.8765 Fax: 502.290.5888
Email: customerservice@avpsecurity.com



Contact information

*First Name: *Last Name: *Title:
*Phone: Cell: Fax: *E-Mail:
*Company Name: *Zip/Postal Code:
*Address: *City: *State/Province:
*Country: D&B Number: FEIN #: Resale ID #:

Channel of Trade

Website Address:

Check all that apply

Retailer VAR/Dealer Wholesaler Distributor Manufacturer

Other If you select **Other** (please be specific):

Year Company Established: Total Employees: Total Sales Staff:

What is your Company's Annual Sales Revenue?

Type of products your company sells?

Who are your target customers?

What methods of marketing does the company currently use?

Where are you currently advertising?

COMMENTS:

“World Leaders in Rapid Deployment Surveillance Systems”

Military – Government – Law Enforcement - Commercial
Automated Visual Protection Corp. – www.avpsecurity.com

5112 Queens Castle Road • Louisville, KY 40229 • USA

Tel.: 502.290.8765 Fax: 502.290.5888