



Authorized Dealer/ Reseller/ End User Application

ALL REQUESTED INFORMATION IS REQUIRED

1. APPLICANT [PLEASE INCLUDE THE STREET ADDRESS WITH ANY P.O. BOX NUMBER]

Name _____			Telephone _____
Address 1 _____			Facsimile _____
Address 2: _____			E-mail Address _____
City: _____	State: _____	ZIP: _____	Parent Company Name _____
Type of business: _____	SIC Code: _____	Years in business _____	
Hardware / Accessories sold _____			Federal Tax ID No. _____
Vertical Markets expertise _____			Federal Tax Exempt No. _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> COD <input type="checkbox"/> Open account terms			Credit amount requested _____
Credit terms desired (please check one)			

2. PRINCIPAL OWNER / OFFICERS

Owner / Officer _____	Title _____	Social Security Number _____
Home Address 1 _____	Home address 2 _____	
City _____	State _____	Zip _____
Home Telephone _____		
Vice President / Partner(s) _____	Treasurer / Partner(s) _____	

3. FORM OF ORGANIZATION

ANNUAL SALES VOLUME

Sole Owner Partnership No. of Full Partners _____	Under \$100,000	\$500,000 - \$1 Million
Corporation State _____ Start business date _____	\$100,000 - \$250,000	\$1 Million - \$5 Million
Other form _____	\$250,000 - \$500,000	Over \$5 Million
Please Circle One	Please Circle One	

Number of Employees _____	Average A/P aging _____	Purchasing Contact _____
Are Purchase Orders Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Monthly Purchases _____	Purchasing Phone _____



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4. BANK REFERENCES [PLEASE INCLUDE THE STREET ADDRESS WITH ANY P.O. BOX NUMBER AND THE TELEPHONE NUMBER.]

Bank name: _____ Bank officer contact: _____

Address: _____ City _____ State _____ ZIP _____

Bank telephone _____ Bank facsimile _____ Account No(s) _____

Previous bank _____ Account No(s) _____ City _____ State _____ ZIP _____

5. TRADE REFERENCES [PLEASE INCLUDE THE STREET ADDRESS WITH ANY P.O. BOX NUMBER AND THE TELEPHONE NUMBER.]

Name _____ Type of business _____

Address: _____ City _____ State _____ ZIP _____

Telephone _____ Facsimile _____ Credit Terms _____

Name _____ Type of business _____

Address: _____ City _____ State _____ ZIP _____

Telephone _____ Facsimile _____ Credit Terms _____

Name _____ Type of business _____

Address: _____ City _____ State _____ ZIP _____

Telephone _____ Facsimile _____ Credit Terms _____

Name _____ Type of business _____

Address: _____ City _____ State _____ ZIP _____

Telephone _____ Facsimile _____ Credit Terms _____

Questions? Call toll-free 800.264.6021.

Please **return** this completed form by FAX to TRIBUTE 911, LLC at 859.299.9334, mail to the address above or email to dfried@cobaltav.com.



Banking Information Request Form

Revised federal regulations require written authorization from the depositor for release of account information to third parties. Please complete and sign this authorization, to be received promptly with your completed **Dealer / Reseller / End User Application**.

To: _____
(Bank Name) _____ Branch: _____ ATTN: _____
Address 1 _____ Phone _____ Fax _____
Address 2 _____ City _____ State _____ Zip _____
Account Numbers:
Account 1 _____ Account 2 _____ Account 3 _____

Depositor: (Company/Customer name) _____		Contact: _____
Address _____	City _____	State _____ Zip _____
Phone _____	Fax _____	E-mail _____
Permission is given to release information about these accounts, as required to establish credit with TRIBUTE 911, LLC Radio Products.		
Signature _____	Title _____	
Print Name _____	Date _____	

Attention: Commercial Accounts or Customer Service Manager
The firm listed above applied for credit with TRIBUTE 911, LLC.
Please provide the following information for this purpose:

Account # _____	Opened _____	Avg. Balance _____	# of Bounced Checks _____
Credit Line w/your bank? Yes No	Credit Limit _____	Average Dollar Amount of Bounced Checks (12 mos) _____	

Account # _____	Opened _____	Avg. Balance _____	# of Bounced Checks _____
Credit Line w/your bank? Yes No	Credit Limit _____	Average Dollar Amount of Bounced Checks (12 mos) _____	

Account # _____	Opened _____	Avg. Balance _____	# of Bounced Checks _____
Credit Line w/your bank? Yes No	Credit Limit _____	Average Dollar Amount of Bounced Checks (12 mos) _____	

Account # _____	Opened _____	Avg. Balance _____	# of Bounced Checks _____
Credit Line w/your bank? Yes No	Credit Limit _____	Average Dollar Amount of Bounced Checks (12 mos) _____	

Please feel free to call TRIBUTE 911, LLC at 800.264.6021 for any questions regarding this form.



Credit Card Authorization Form

REQUEST TO ACCEPT CREDIT CARD PAYMENT THROUGH FACSIMILE TRANSMISSION AUTHORIZATION

(PLEASE FAX THIS COMPLETED AUTHORIZATION FORM TO TRIBUTE 911, LLC TO SPEED ORDER PROCESSING AND SHIPMENT. THANK YOU.)

TO: TRIBUTE 911, LLC
ATTN: ACCOUNTING DEPARTMENT
FAX TO: (859) 299-9334
DATE: _____

Cardholder Name (copy exactly): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date: _____

Credit Card Account Number: ____ - ____ - ____ - ____

VISA Master Card Discover Card American Express

Expiration Date: _____

My signature certifies that I am either the cardholder or an authorized signer on the following account. I request that TRIBUTE 911, LLC charge this credit card account as indicated above for my first initial order unless agreed upon by both parties and for any defaulted invoices >90 days old from the invoice date. Please note that the charge will show as our sister company, Comtronics, Inc on your credit card statement.

Authorized Signature: _____

Print Signature Name: _____ **Date:** _____