



www.xlrsecurity.com

XLR Security Inc.

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New Dealer Account Application Form

Applicant Information	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	Business Start or Incorporation Date: _____ (YYYY/MM/DD)
Legal Business Name: _____	
Operating Name: _____	
Is Business/Operating Name(s) Registered? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide Registration Number: _____	
HST/GST: _____ PST: _____	
Number of employees: _____	
Business Mailing Address: _____ (Street Number, Name, RR#, Box #, Suite, Unit) (City) (Province) (Postal Code)	
Phone Number: ()	Mobile phone: ()
Fax Number: ()	Email _____
General Information	
Which method would you like your correspondence sent by: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail Contact Person:	
Specify Line of Business:	
<input type="checkbox"/> Wholesale	<input type="checkbox"/> e-commerce
<input type="checkbox"/> Retailer	<input type="checkbox"/> government
<input type="checkbox"/> Service/repair	<input type="checkbox"/> Distribution
<input type="checkbox"/> Education	<input type="checkbox"/> Other _____
Principal Director(s), Owner(s), (s), Partners(s), RMA contact Information (Attach separate sheet if more space is required)	
Provide full legal names of all Principals and their Business Title:	
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
RMA Contact Name: _____	Tel: _____ Email: _____

I hereby acknowledge that the information filled out in this form is accurate to the best of my knowledge which I have reviewed; and on behalf of the applicant I agree that these standard trading conditions shall govern the relationship between the applicant and XLR Security Inc.

Date: _____ Signature: _____ Title: _____
Signing officer (Please print)

I would like to receive updates on the latest security products and technologies.