



## AUTHORIZED DISTRIBUTOR APPLICATION

(Please print legibly)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Key Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Background Information:** Referred by: \_\_\_\_\_

What % of your business is related to the following:

Residential: \_\_\_\_\_ %  
Commercial: \_\_\_\_\_ %

History of Revenue Growth:

Past fiscal year: \$ \_\_\_\_\_  
Current fiscal year to date: \$ \_\_\_\_\_  
Next 3 years projected average growth rate: \_\_\_\_\_

What type of products do you distribute? Please check all that apply.

Residential General Electric \_\_\_\_\_  
Commercial General Electric \_\_\_\_\_  
Lighting Fixtures \_\_\_\_\_  
Wire/Cable \_\_\_\_\_  
Structured Wire Products/Sys \_\_\_\_\_  
Home Automation Equipment \_\_\_\_\_  
Lighting Control Products \_\_\_\_\_  
Security Products \_\_\_\_\_  
Appliances \_\_\_\_\_  
Exterior Commercial Fixtures \_\_\_\_\_  
Audio/Video Equipment \_\_\_\_\_  
Other, please specify: \_\_\_\_\_

Target Market:

Electrical Contractors \_\_\_\_\_ %  
Builders: \_\_\_\_\_ %  
Low Voltage Contr. \_\_\_\_\_ %  
Other: \_\_\_\_\_ %

Do you have established working relationships with:

Elec. Contractors: \_\_\_\_\_ Builders: \_\_\_\_\_  
Other: \_\_\_\_\_

How long has your company been in business? \_\_\_\_\_

How long at the current address? \_\_\_\_\_

Does your company have multiple locations? \_\_\_\_\_

Number of non administrative personnel? \_\_\_\_\_

Number of active service vehicles? \_\_\_\_\_

Principle geographic coverage (complete as is applicable):

Local: \_\_\_\_\_ mile radius of (city/st) \_\_\_\_\_

Regional: (specify the exact region(s) covered): \_\_\_\_\_

Interstate: (specify states covered): \_\_\_\_\_

What % of business is related to the following:

New home construction \_\_\_\_\_ %  
New commercial construction \_\_\_\_\_ %  
Apartments \_\_\_\_\_ %  
Condominiums \_\_\_\_\_ %  
Residential Renovation \_\_\_\_\_ %  
Commercial Renovation \_\_\_\_\_ %  
Industrial \_\_\_\_\_ %  
Other \_\_\_\_\_ %

Please list other manufacturers whose products your company is authorized to sell: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Qualifications, Training, Professional Affiliations:

Please state any training, certifications, or professional licenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your company an active member of any professional organization(s)? (CEDIA, IEC, NEC, etc.) etc.) List: \_\_\_\_\_  
\_\_\_\_\_

Is your company willing to commit to a long-term relationship to promote and insure quality installations of Centralite Systems? \_\_\_\_\_

## Commitments and Agreements

Centralite Systems, Inc. is committed to the highest standards of excellence in business practices and the design, manufacture, sale and installation of quality consumer electronic products. In pursuit of these goals, Centralite Systems will provide to its Authorized Distributors:

1. Installation documentation, training classes and/or physical first Installation field assistance, and telephone support.
2. Local sales, marketing, and design assistance
3. Help in developing sales and promotional materials
4. Support for local trade shows on a best effort basis
5. Demonstration kits and materials at a reasonable cost
6. Reasonable Model Home and Showcase home programs
7. Form a strong working relationship with the Authorized Distributor to build both companies' businesses

By means of this application and subject to its acceptance and approval, in writing, the applicant promises to:

1. Use its best efforts to sell and support Centralite's products (Minimum purchase requirement of \$25,000 annually)
2. Conduct all business associated with Centralite in a manner which will in no way harm its market presence or reputation
3. Furnish, to the best of the Distributor's ability, quarterly forecasts of future sales of Centralite products
4. Protect and hold as confidential all Centralite intellectual property and trade secrets
5. Pay accounts in a timely manner in accordance with the specified terms
6. Specify Centralite products in every quote possible
7. Insure installation of all Centralite products are in accordance with specifications and to the highest degree of industry standards
8. Provide warranty support for the five-year warranty period.
9. Form a strong working relationship with Centralite Systems to build both companies' businesses

## Owner(s) & Officer(s) Information

1.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ 2.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ 4.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

I, \_\_\_\_\_, a duly authorized agent

(Print Name and Title)

of the applicant Company have read, understand and acknowledge the commitments of both parties hereto and, accordingly do hereby submit this Distributor Application and the required Credit Application to gain

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date