



UniTracking Dealer / Installer Application

COMPANY BACKGROUND

PLEASE PRINT OR TYPE

Please check appropriate boxes for your application:

- Product Dealer
- Marketing Partner
- Equipment Installer
- Other

If Other Please Specify: _____

Legal Company Name: _____

DBA: Doing Business As: _____

Address: _____

City: _____ State / Province: _____ Zip / Postal Code _____

Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

What is your Primary Business or Service?: _____

Non-Exclusive Territory your are applying for: _____

FINANCIAL & LEGAL & CONTACT INFORMATION

Company CEO / Owner: _____

Authorized Signing Officer: _____

Chief Financial Officer: _____

Legal Officer or Attorney: _____

Sales Manager: _____

Service Manager: _____

Finance, Insurance, Business Manager: _____

Company Account payable Contact: _____

Has Company, Principles, Officers of the company ever filed or been discharged from bankruptcy? Yes: No:

Tax Exempt Numbers:

United States:

Reseller Tax Exempt Number (State Sales Tax, Federal Sales Tax):

Include Documentation with when returning to UniTracking.

Canada:

Applicable Reseller Tax Exempt Number (GST, PST HST SST):

GST #: _____

PST #: _____

HST #: _____

Company Number: _____

Federal Import Number: _____

Formation of Business:

C-Corporation
Limited Liability Company LLC

Partnership
Proprietorship

Year Founded: _____ D-U-N-S #: _____

List three major suppliers you buy from on an open account.

1. Supplier Name: _____
Address: _____
City: _____ State/ Province: _____ Zip Code / Postal Code: _____
Telephone: _____ Fax: _____
Contact Name: _____ Monthly Estimated Purchases (\$): _____
Terms: _____ COD Pre Paid Net 30 Net 60 Net90

2. Supplier Name: _____
Address: _____
City: _____ State/ Province: _____ Zip Code / Postal Code: _____
Telephone: _____ Fax: _____
Contact Name: _____ Monthly Estimated Purchases (\$): _____
Terms: _____ COD Pre Paid Net 30 Net 60 Net90

3. Supplier Name: _____
Address: _____
City: _____ State/ Province: _____ Zip Code / Postal Code: _____
Telephone: _____ Fax: _____
Contact Name: _____ Monthly Estimated Purchases (\$): _____
Terms: _____ COD Pre Paid Net 30 Net 60 Net90

Sales Estimates

Estimated number of units that you expect to sell based on a monthly volume:

Please describe your Target Market or Market Vertical.

Available Facilities

Please check all appropriate answers

Do you currently have Retail Store Frontage YES NO

Do you currently have an Installation Location YES NO

Vehicle Equipment Installation Experience YES NO If "YES" how many years: _____

Installation Experience

- Car Radio / Audio aftermarket
- Satellite XM, Serius Radio Installation Experience
- Vehicle alarm systems aftermarket
- GPS tracking systems
- Cellular phone & communications
- Automotive Custom design

Installation Certifications & Affiliations:

MECP Certification Level _____

MERA Member

CEA



Internet Experience:

Do you currently have a web site for your company YES NO

If "YES" please indicate your URL or Web Address:

http://www._____

Forms of invoice payment:

In order to process your application in an efficient and expedient manner we require it to be as complete as possible. Please do not submit this application until all required information is provided.

Checklist

Application complete with all required company information.

Please attach the following documents as necessary

- Current Business Licence:
- Tax Exempt Reseller Certificate
- Current Liability Insurance (Proof of Coverage)
- Photocopy of front and back of credit card for payment.

In order to complete this process, please ensure all information is provided before you return or fax this to Unitracking. Please fax the completed application with appropriate attachments to UniTracking Dealer Services at: 604-939-1267 or toll free 1-866-895-1937.

Important Notice

ALL REQUIRED INFORMATION MUST BE COMPLETED BEFORE THIS APPLICATION WILL BE CONSIDERED OR PROCESSED.