

NEW CUSTOMER INFORMATION FORM

Updated February 2021

Please fill out, then print, sign, scan and email this completed form to sales@dwgdistribution.com.

If you do not have a scanner you may fax the form to 516-933-4910, and email sales@dwgdistribution.com to confirm the fax was received.

Thank you for your interest in doing business with DWG. Once received with the required business documentation, this application will be processed and your customer record will be created in our system. To avoid delay please submit this application with the following required items:

- 1. Proof of Business (Tax Registration, Corporate Filing Receipt, Alarm License, etc.)
- 2. Signed Sales Tax Exemption Form / Certificate for all states you do business in.
- 3. Payment Form Either Credit Card Authorization Form or DWG Credit Application

COMPANY INFORMA	ATION				
Legal Business Name :					
DBA (if applicable - attac	ch DBA proof) :				
Check One :	O Individual (C Corporation	○ S Corporation ○ LLC	Other	_
Date Established:		Date of Incorpora (If applicable)	ation:	State of Incorporation: ——— (If applicable)	
Federal Tax ID #:			Dun & Bradstreet #:		
Business Phone #:			Business Fax #:		
Number of Employees:	We	bsite:			
Billing Address:			Default Shipping	g Address:	
			<u> </u>		
Account First Name:			Account Last Name	2:	
Account E-mail Address	:				
(This email address will be	e used for order con	firmation and will d	also be your website login	username)	



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PRINCIPAL(s) INFORMATION					
Owner/Partner/Officer Name:	% Ownership:				
Complete Home Address: (Optional)					
Owner/Partner/Officer Name:	% Ownership:				
Complete Home Address: (Optional)					
Please include copy of State Driver's License f	for all principals. List any additional principals on a separate sheet.				
Employee Contact Information					
Primary Contact	Additional Contact				
Full Name:	Full Name:				
Primary Contact Title:	Contact Title:				
Primary Contact Mobile #:	Contact Mobile #:				
Primary Contact Email:	Contact Email:				
*Primary Contact Birthday (month/day):	*Contact Birthday (month/day):				
Authorized Purchaser? Yes No	Authorized Purchaser? Yes No				
Additional Contact	Additional Contact				
Full Name:	Full Name:				
Contact Title:	Contact Title:				
Contact Mobile #:	Contact Mobile #:				
Contact Email:	Contact Email:				
*Contact Birthday (month/day):	*Contact Birthday (month/day):				



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Company Profile				
Which of the following does your company offer? (Check	all that apply)			
🔲 Burglar Alarm 🔲 Fire Alarm 🔲 Video Surveilla	ince 🗌 Acc	ess Control	Cabling	and Infrastructure
Audio Video / Automation Central Vacuum	Locksmith S	ervices	Computer I	Networking / IT Services
Other (Please Specify)				
What is your current average monthly equipment purcha	asing level? (Ch	eck One)		
○ Under 1K ○ 1K - 5K ○ Over 10K	Over 25K			
Approximately how many new installations hav you don	e in the past 12	months? (Che	ck One)	
○ New Company ○ 1 - 3 ○ 4 - 8 ○ 9 - 19	20 +	<u></u> 50 +	<u> </u>	○ Not Applicable
How did you find DWG?		was your total ann ue last year?	ual 	
Please describe your business and what you offer:				
What Associations are your company a member of? What Licenses and	d Certificates does your	company hold?	What Produc	cts/Brands from DWG are you currently ted in?
What are your anticipated annual purchases from DWG? (in US dollars)				
Please List all the brands that you currently use or have used in the past:	Please list	all suppliers that y	ou currently pu	rchase from, or have in the past:
Signature Name	e (Print)		Title	Date