



NEW CUSTOMER INFORMATION FORM

UPDATED May 2016

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 INFORMATION

Legal Business Name : _____

DBA (if applicable - attach DBA proof) : _____

Check One : Individual C Corporation S Corporation LLC Other _____

Date Established: _____ Date of Incorporation: _____ State of Incorporation: _____
(If applicable) (If applicable)

Federal Tax ID #: _____ Dun & Bradstreet #: _____

Business Phone #: _____ Business Fax #: _____

Number of Employees: _____ Website: _____

Billing Address:	Default Shipping Address:
_____	_____
_____	_____
_____	_____
_____	_____

Account First Name: _____ Account Last Name: _____

Account E-mail Address: _____

(This email address will be used for order confirmation and will 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 for all principals. List any additional principals on a separate sheet.

Employee Contact Information

Primary Contact

Full Name: _____

Primary Contact Title: _____

Primary Contact Mobile #: _____

Primary Contact Email: _____

*Primary Contact Birthday (month/day): _____

Authorized Purchaser? Yes No

Additional Contact

Full Name: _____

Contact Title: _____

Contact Mobile #: _____

Contact Email: _____

*Contact Birthday (month/day): _____

Authorized Purchaser? Yes No

Additional Contact

Full Name: _____

Contact Title: _____

Contact Mobile #: _____

Contact Email: _____

*Contact Birthday (month/day): _____

Authorized Purchaser? Yes No

Additional Contact

Full Name: _____

Contact Title: _____

Contact Mobile #: _____

Contact Email: _____

*Contact Birthday (month/day): _____

Authorized Purchaser? Yes No

**Birthday for phone verification purposes only. Birth year not required. List additional contacts on a separate sheet.*



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Company Profile

Which of the following does your company offer? (Check all that apply)

- Burglar Alarm
 Fire Alarm
 Video Surveillance
 Access Control
 Cabling and Infrastructure
 Audio Video / Automation
 Central Vacuum
 Locksmith Services
 Computer Networking / IT Services

Other (Please Specify) _____

What is your current average monthly equipment purchasing level? (Check One)

- Under 1K
 1K - 5K
 Over 10K
 Over 25K

Approximately how many new installations have you done in the past 12 months? (Check One)

- New Company
 1 - 3
 4 - 8
 9 - 19
 20 +
 50 +
 100 +
 Not Applicable

How did you find DWG? _____ What was your total annual revenue last year? _____

Please describe your business and what you offer:

What Associations are your company a member of?

What Licenses and Certificates does your company hold?

What Products/Brands from DWG are you currently most interested 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 you currently purchase from, or have in the past:

_____ Signature _____ Name (Print) _____ Title _____ Date