



DEALER APPLICATION

Q3 Innovations
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Innovators of Intelligent Technology

COMPANY & CONTACT INFORMATION			
Company Name:		Check One Below:	
Owner Name(s):		Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
Street Address:		LLC <input type="checkbox"/>	Other <input type="checkbox"/>
City:	State:	Zip:	
Phone:	Fax:	Years in Business:	
Email:	Website:	Contact Name:	
Tax ID#	D&B#		
SUPPLEMENTAL INFORMATION			
Describe your customers, type of business, and market(s) served:			
How did you hear about us?			
Where do you sell your products? Check all that apply		Retail Store <input type="checkbox"/>	Website <input type="checkbox"/>
		Catalog <input type="checkbox"/>	eBay <input type="checkbox"/>
Other <input type="checkbox"/>			
What products are you interested in?		AlcoHAWK® <input type="checkbox"/> UVHAWK™ <input type="checkbox"/> ThermoHAWK™ <input type="checkbox"/>	
Have you or another indirect company affiliation been a dealer/distributor of our products?			
What other products does your Company carry?			
Do you manufacture or private label any products?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you provide technical service for any products sold?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your policy on product returns?			
Annual company revenues from prior year?			
Do you carry liability insurance? If so, how much?		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
MAP PRICING AGREEMENT			
<i>The minimum advertised pricing (MAP) for our products and the manufacturer suggested retail prices (MSRP) are shown on the price sheet. Dealers who advertise our products for prices lower than the MAPs may be terminated.</i>			

By signing below, applicant requests consideration to represent and market certain Q3I products and applicant agrees that all conversation and proprietary information exchanged between parties will be held in confidence by both parties. Applicant agrees not to sell any Q3I products anywhere not selected above.

SIGNATURE OF APPLICANT

PRINT NAME

DATE