

Sentinel Systems Corporation 1620 Kipling Street Lakewood, CO 80215 Tel (303)242-2000 Fax (303)242-2010 www.SentinelSystems.com

Dealer Application

Date:							
Company Nam	e:		Contact:				
Address:							
Telephone:		Fax:					
Email:		_					
Service Area:							
Number of Years in Business:							
Number of Employees:							
List any Branch Offices:							
List any Licenses, Certifications, or Special Training:							
Other than self storage, what types of commercial or residential customers do you service?							
Which of the following products do you now sell?							
	Slide Gate Operators	Туре:					
	Barrier Gate Operators	Type:		_			
	Swing Gate Operators	Туре:		_			
	Lift Gate Operators	Туре:		_			
	Electronic Access Control	Туре:		_			
	Alarm Systems	Туре:		_			
	Video Surveillance Systems	Туре:		_			
	Perimeter Beams	Туре:		_			
	Fencing Products	Туре:		_			
	Other	Туре:		<u></u>			

Which of the follo	owing services do you now prov	ride?	
(Custom Site Layout Drawings		Access Control Installations
_	Gate Operator Installations	-	Access Control Services
	Gate Operator Services		Perimeter Beam Installations
	Alarm System Installations		Permeter Beam Services
	Alarm System Services		Fence Installations
	Video Surveillance Installations		– Fence Repair Services
	Video Surveillance Services		Other
_		Specify:	
What are your cu	urrent Service rates?	Mileage Ra	ates?
Describe your wa	arranty on service:		
Please Provide F	References:		
Name: _			_
Address: _			<u>_</u>
City: _	State	9;	<u>_</u>
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Telephone: _			
Name:			
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Telephone: _		··	_
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	t this application in no way obligat		
· · · · · · · · · · · · · · · · · · ·	stems Authorized Dealer. If This	application is accepted, t	ne applicant will be required to
sign a dealer agr	reement with Sentinel.		
Signed:			
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