



Ref No:
Date: / /

NEW ACCOUNT APPLICATION FORM

Please complete and return this form along with a copy of your company resale certification. This basic* information is required to establish an Account with us. This application is not an approval that you have been accepted as our distributor.

Customer Contact Information

*Company Name : _____

*Contact Name : _____ *Job Title : _____

*Street : _____

*City : _____ *State : _____ *Zip Code : _____

*Phone Number : _____ *Fax Number : _____

*Email Address : _____ *Company Website : _____

What is your company's primary business?

Manufacturer
 Distributor
 Wholesaler
 Integrated System Dealer
 CCTV Dealer / Installer
 Installing Dealer
 Consultant
 Other (Specify) _____

What is your company's annual volume in dollar amount? _____

In which states and or countries do you sell your products ? _____

Please indicate number of years in business. _____

Number of full time employees in your organization: _____

Do you have KT&C product catalogue? Yes No

Please check all the products you are interested in.

Dome Camera
 Bullet Camera
 Box Camera
 Mini Square Camera
 Night Vision Camera
 PTZ Camera
 Zoom Camera
 Network Camera
 DVR
 Other (Specify) _____

What is the quantity of security cameras that you or your company purchases each year? _____

Please list the camera manufacturers & distributors from whom you purchase. _____

Which of the following publications do you receive addressed to your company?

Security Dealer
 Security Systems News
 SDM
 Security Sales
 Security Products
 Other (Specify) _____

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