

# PROREMOTE SOLUTIONS

## Dealer Application

### Company:

Full Legal Name of Business: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Company Structure:    corporation    partnership    proprietorship    *(please circle one)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Shipping address: *(if different)*

Location:    commercial    residential    *(circle one)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Type of business: *(circle all that apply)*

- Climate Control
- Commercial Sound
- Audio / Video Specialist
- Integrator Security
- Other \_\_\_\_\_
- Custom Installer
- Contractor
- Builder / Architect
- Lighting

### Member of professional or trade organizations:

\_\_\_\_\_  
\_\_\_\_\_

### Your top three control systems:

Audio: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Climate: \_\_\_\_\_  
Security: \_\_\_\_\_

Projected monthly sales of ProRemote Solutions' control units: \_\_\_\_\_

# PROREMOTE SOLUTIONS

## Ordering and payment:

Telephone orders may be placed Monday through Friday 9:00 AM to 5:00 PM EST.

Faxed or e-mailed orders are preferred and may be sent at any time of the day or night.

E-mail orders to: **michael@proremotesolutions.com**

Fax purchase orders to: **770 977 - 6501**

We accept Visa and Master Card for all purchases. COD, cash, checks are also accepted as methods of payment. Returned checks are subject to a \$50 service fee in addition to the amount of the check.

## Shipping:

Unless otherwise noted the dealer will be responsible for all freight, fees, and insurance charges.

## Advertising & resale:

Products purchased from ProRemote Solutions may not be advertised or sold on the internet or by any other electronic method. Mail order, electronic promotion, and printed media are not allowed without prior written permission by ProRemote Solutions. All products are to be installed directly by the dealer or sold expressly to the end user.

Upon dealer approval, detailed price lists will be furnished.

## Payment information:

COD or Credit Card MC VISA Credit Card # \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code on back of card: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

\_\_\_\_\_

## \*\* Please include a copy of your resale tax certificate

Company: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# PROREMOTE SOLUTIONS

## GEORGIA CERTIFICATE OF RESALE

\_\_\_\_\_  
*(Name of purchaser)*

\_\_\_\_\_  
*(Address of purchaser)*

**I HEREBY CERTIFY:** That I hold valid seller's permit # \_\_\_\_\_ issued pursuant to the sales and Use Tax Law; that I am engaged in the business of selling Home Theater and Automation equipment and that the tangible personal property described herein which I shall purchase from **ProRemote Solutions** will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.

Description of property and accessories to be purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
*(Signature of purchaser or authorized agent)*

\_\_\_\_\_  
*(title)*

**ProRemote Solutions, Inc.**  
3184 Robinson Road  
Suite 100  
Marietta, Georgia 30068-2470  
michael@proremotesolutions.com  
<http://proremotesolutions.com>  
**770 971-7771**  
fax: 770 977-6501