



Global Surveillance, Inc.
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www.gsiamerica.com

DEALERSHIP APPLICATION

Dear Security Dealer,

Thank you for considering Global Surveillance, Inc. as one of your vendors. Please fill out this form completely and mail, fax or scan and send this application back to us along with the requested documents listed below. We will process the application as quickly as possible, please allow 4-7 days after we receive your submitted application to do so. You must include all requested documentation listed below along with the completed Dealer application in order for us to process your application. Simply complete your application and submit to our Sales Department. –*THANK YOU*

DEALER / INTEGRATOR REQUIREMENTS

1. A copy of your business license.
2. A properly completed resale certificate (Texas applicants only)
3. A properly completed Global Surveillance Dealership Application

FOR GSI USE ONLY
ACCT#
DEALER INFO SENT: YES NO
DATE: ____/____/____

***Required sections**

***BUSINESS INFORMATION**

Website	www.	Fed Tax ID#	
BUSINESS NAME			
STREET ADDRESS		E-MAIL	
CITY	STATE	ZIP CODE	
PHONE #	FAX #		
BUSINESS LICENSE #		SELLERS PERMIT #	
BUSINESS ENTITY: (CIRCLE ONE) SOLE OWNERSHIP PARTNERSHIP CORPORATION			
YEARS ESTABLISHED		PREMISES ARE: RENTED OWNED LEASED	
SALES VOLUME – Last Year Year to Date		BUSINESS TYPE DEALER INTEGRATOR CONTRACTOR DISTRIBUTOR	

***OWNER/OFFICERS INFORMATION** - That hold 20% or more stock/interest

OWNER/OFFICER	TITLE	PHONE #
ADDRESS		
OWNER/OFFICER	TITLE	PHONE #
ADDRESS		
OWNER/OFFICER	TITLE	PHONE #
ADDRESS		

***CURRENT VENDOR INFORMATION** - Please list three major distributors that currently purchase from

NAME	NAME	NAME
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
PHONE #	PHONE #	PHONE #
ACCOUNT #	ACCOUNT#	ACCOUNT#

***REFERENCES** - Business only

NAME	NAME	NAME
PHONE #	PHONE #	PHONE #
RELATIONSHIP	RELATIONSHIP	RELATIONSHIP

***ADDITIONAL**

# OF FT EMPLOYEES	CURRENT DVR(S) SOLD & AMOUNTS
EXPECTED AMOUNT OF GSI SALES YRLY #	REASON FOR SWITCHING

*SIGNATURE	TITLE	DATE
X		

IMPORTANT PLEASE READ:

We cannot process your application unless:

ALL REQUIRED FIELDS ARE FILLED OUT COMPLETELY AND ALL DOCUMENTATION IS INCLUDED. FAILURE TO DO SO WILL RESULT IN DELAYS AND POSSIBLE REJECTION OF YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN OUR COMPANY AND PRODUCT LINE. WE LOOK FORWARD TO WORKING WITH YOU.