

**Contact Information**

Company Name			
Company Address		Primary Contact	
City	State	Zip	Management Contact
Telephone	Fax		Salesperson
Email Address			Website

**Shipping & Sales Tax** If non-taxable Florida customer, attach form DR-13 Florida Resale Certificate

Shipping Preference	Account Number
Sales Tax Taxable: _____ Non-Taxable: _____	

**Company Information**

Years in Business	# of Employees	Estimated Monthly Purchases	Preferred DVR Model
In a few words, please tell us why you chose Genesis CCTV:			

Do you have your own Technical Support Team? (Choose One)

Do you require Technical Training? (Choose One)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: