



Tranzeo Wireless Technologies Ireland Ltd.
 Unit #13 Distribution Centre
 Shannon Free Zone West
 Shannon, Co Clare, Ireland
 T: +353 61 775700 | F: +353 61 475293
 www.tranzeo.com

International Dealer Application Form

*Please fill this form out completely, and fax to +353 61 475293.
 Please call +353 61 775700 with any questions.*

Contact & Shipping Information	Company Name: _____ Date: _____ Trade Name (DBA): _____ Mailing Address: _____ City: _____ Prov: _____ P.C./ZIP Code: _____ Telephone: (____) _____ Fax: (____) _____ E-Mail: _____ Web Address: _____ Shipping Address: Same as Mailing Address: () If not: _____
Company & Purchasing Details	Company Registration: Proprietorship () Partnership () Incorporated () Other () Name of Majority Shareholder: _____ GST Exempt (if applicable) #: _____ Dealer #: _____ PST Tax Exempt #: _____ Resale #: _____ Type of Business: Retail Store () S.I. () Consultant () VAR () Other () Years in Business: _____ No of Employees: _____ Annual Sales: _____ Purchase Authorization Required by: _____ Sales Manager: _____ Accounts Payable: _____
Trade References	Company Reference 1: _____ Fax #: (____) _____ Contact: _____ Telephone: (____) _____ Company Reference 2: _____ Fax #: (____) _____ Contact: _____ Telephone: (____) _____ Company Reference 3: _____ Fax #: (____) _____ Contact: _____ Telephone: (____) _____



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Banking Reference

Dealer Information

Company legal name: _____
Mailing address: _____
Date: _____

Banking Information

Bank: _____
Address: _____

Contact: _____
Account #: _____
Phone #: _____
Fax #: _____

Date: _____

Dear Sir/Madam,

Please accept this letter as authorization to confirm that the banking information listed above is correct. Please sign below to confirm the above noted information is correct and fax this letter to: +353 61 475293.

Attention:
Accounts Receivable
Tranzeo Wireless Technologies Ireland Ltd.
Unit #13 Distribution Centre
Shannon Free Zone West
Shannon, Co Clare, Ireland

Thank you.

Dealer authorized signature

FOR BANK USE ONLY

I certify that the above banking information is correct

Bank authorized signature