



"Innovative Solutions for Life Saving Communication"

Sentry Freedom Wireless Emergency Call System

DEALER PROFILE

DATE _____

GENERAL

Company Name _____

Mailing Address _____

City, State & Zip _____

Shipping Address _____

City, State & Zip _____

Years in Business _____

At Present Address _____

Contact Name _____

Telephone _____

Fax Number _____

Email _____

Alternate Contact _____

Telephone _____

Fax Number _____

Email _____

FINANCIAL

Name of Company Bank _____

Address, City, State, Zip _____

TRADE REFERENCES- Please provide a **fax** number and **email** address.

Company _____ Company _____

Address _____ Address _____

Phone _____ Phone _____

Fax _____ Fax _____

Contact Name _____ Contact Name _____

E-mail _____ E-mail _____

Account # _____ Account # _____



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TRADE REFERENCES

Company _____	Company _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	Fax _____
Contact Name _____	Contact Name _____
E-mail _____	E-mail _____
Account # _____	Account # _____

PERSONNEL

Owner/Principal _____

Sales Manager _____

Technical Manager _____

Other _____ Title _____

Number of Employees: _____ Total _____ Sales _____ Technical _____

MAJOR LINES OF EQUIPMENT

Fire Alarm _____	C.C.T.V. _____
Sound/Intercom _____	Nurse Call _____
Security _____	M.A.T.V. _____
Other Major Lines _____	



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MARKETS

Primary business activity _____

Primary markets served _____

Geographical area of coverage _____

Customer base, approximate number of accounts _____

Customer Base Breakdown (%)

Industrial _____ Hospitals _____

Commercial _____ Schools _____

Corrections _____ Other _____

SALES

Annual Sales Volume, Last Year \$ _____

Year before \$ _____

New Construction (%)

Bid _____ Direct Sales _____

Service _____ Other _____

Estimated Sales Next Year: \$ _____



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COMMENTS:
