



System Integrator Application

Legal Name: _____ DBA: _____

Address: _____ Officer's Name: _____

_____ Corporate Contact: _____

_____ Contact Phone No.: _____

Phone #: _____ Contact Email: _____

Billing Address: _____ Fax Number: _____

_____ Buyer's Phone: _____

Web Site Address: _____ Sales Mgr. Phone: _____

How did you hear about the Black Box Integrator Program? _____

Type of business:

Corporation Sole Proprietorship Partnership Other

Years in Business: _____ No. of Locations: _____ No. of Employees: _____

Please check each area of technology your company specializes in:

<input type="checkbox"/> Security Systems	<input type="checkbox"/> Application Developer	<input type="checkbox"/> Telecom/ISP	<input type="checkbox"/> Control Systems
<input type="checkbox"/> Phone Systems	<input type="checkbox"/> Factory Automation	<input type="checkbox"/> Wireless Systems	<input type="checkbox"/> Data Storage
<input type="checkbox"/> Network Infrastructure	<input type="checkbox"/> Graphics / Imaging	<input type="checkbox"/> Multimedia	<input type="checkbox"/> RF/Bar Code
<input type="checkbox"/> Defense Systems	<input type="checkbox"/> Web Development	<input type="checkbox"/> Sound / Intercom	<input type="checkbox"/> Desktop PCs

Other: _____

What other product lines or manufacturers does your company represent? _____

Please check each vertical market your company serves:

<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Small Business	<input type="checkbox"/> Fortune 500
<input type="checkbox"/> Retail Stores	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation	<input type="checkbox"/> Utilities
<input type="checkbox"/> Education	<input type="checkbox"/> Finance/Banking	<input type="checkbox"/> Other	_____

Annual Sales:		
Current Year Projection:	Most Recent Year Actual:	Prior Year Actual:
\$ _____	\$ _____	\$ _____

FOR BLACK BOX USE ONLY

Account #: _____ Previous Balance: _____ Create Date: _____

Requested Level: _____ Account Manager (N): _____ Approved: _____

Are you part of a larger firm or buying group? Yes No (if yes, which one) _____

Business that is international? _____% In what countries? _____

No. of engineers on staff? _____ No. of sales people on staff? _____

Black Box Payment Options (check preference below):

Credit Terms (upon approval of credit application)

C.O.D.

Prepayment

Credit Card (s)

We value our Integrator's opinion and ask you to tell us what we can do to be your vendor of choice.

➔ What products would you like to see Black Box cover during your indoctrination training session?

➔ How can we help grow your business? _____

NOTE: *Please return the following:*

This Integrator Application

Vendors License, Sellers Permit or Resale Certificate

Tax Exemption Certificate

Signed System Integrator Agreement

Please e-mail this information to your Account Manager or fax to: 1-800-321-0746.

If you have questions completing this form, please call your Account Manager or Customer Service at (724) 746-5500.

Black Box offers over 20,000 total solutions supported by 24-hour FREE technical support and customer service backed by the best equipment protection offered in the industry.

Thank you for choosing to partner with Black Box. We look forward to working with you to grow your business!

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