



Installer Application

Please FAX completed form to 828-298-2487

Account Information

Legal Business Name: _____

Shipping Address: _____

City and State: _____

Zip: _____

Telephone: _____

Fax: _____

Primary Contact

Name: _____

Phone: _____

Mobile: _____

Email: _____

Fax: _____

Business Information

Principle Business: _____

Annual Revenues: Under \$1mil \$1 - \$5 mil \$5 - \$10 mil Over \$10 mil

Estimated Annual Home Access™ Product Purchases: \$ _____

Years in Business: _____

Number of Vehicles: _____

Number of Employees: _____

Market/Cities/Geographic Areas Served: _____

Number of structured wiring installations per month? _____

Percentage breakdown of installations:

(SFU) – Entry: _____% Standard: _____% High-end: _____%

(MDU) – Apartments: _____% Condos/TH: _____%

Please list industry affiliations: _____

Please list brand(s) of current structured wiring products offered: _____

Do you have qualified Category 5 installers on staff? _____

Are you working with any bundled service providers? (If yes, please list them) _____

Please list the low voltage systems that your company currently installs:(List the top two)

- Security _____
- Audio _____
- CCTV _____
- Automation _____
- KSU Systems _____
- Computer Networking _____