



LED LIGHTING AND DMX CONTROL

Wholesale Program Application Form

Business Information

Company Name		Contact Name	
Street Address		Position/Title	
City		State	
Zip Code		Country	
Phone Number		Email Address	
Website URL			

Description of Business

Type of Business (Check one or more)

- Reseller (Store,eStore)
- Lighting Designer
- Lighting Contractor
- Lighting Installer
- Other, please explain _____

Registered or Licensed Business (Check one)

- Resale Certificate
- Business License
- Other, please explain _____

*Must provide copy of business license or certificate (if applicable)

Type of Projects (Check one or more)

- Commercial
- Residential
- Retail
- Entertainment
- Other, please explain _____

Business References

Company Name		Company Name	
Contact Name		Contact Name	
Main Phone		Main Phone	

Signature		Date	
Printed Name		Date	

Do not fill out this area

Approved By:		Date	
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Please complete and return this form along with your reseller certificate (if applicable) to:

store@sirs-e.com



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Wholesale Criteria

In order to qualify for Wholesale Pricing, you must meet the following criteria:

- Compliance with a 1 time Opening Order of at least \$1,000.00 USD (at Wholesale Pricing)
- Minimum of \$1,000.00 USD worth of purchases over every 6 month period once Wholesale Status has been approved