



INTEGRATOR / RESELLER APPLICATION

Company Name _____

Address 1 _____

Address 2 _____

City / State / Zip Code _____

Telephone # / Ext. _____

Fax _____

Primary Contact _____

E-mail _____

Are you an: A/V Integrator IT Integrator Installer Distributor Consultant
 Manufacturers Representative Factory Representative

What is your primary business? Design Integration Installation Other

What markets do you serve? Education (College/University) Education (K-12),
 Business & Corporate Government.

How many years have you been in business? _____

How many salespersons do you have in the company? _____

Signature

Printed Name

Title

Signature

Date

Please complete and mail to: TekVox, Inc - 11711 Warfield - San Antonio, TX 78216 - Attn: Michael Espinoza

TekVox, Inc. Reserves the right to decline or remove an integrator / distributor from the program at its own discretion

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Approved - For TekVox, Inc Use Only
Sales Approval: _____
Mktg. Approval _____
Date: _____
Date: _____