



2016

New Dealer / Integrator Company Information Sheet

Incomplete applications will not be processed

Company Name _____

Company Address _____

_____ ZIP _____

Phone _____

Web address _____

Your Name _____

Year Company formed _____

How is your company organized? Sole Proprietor _____ Corporation _____

Owners / Principals _____

Type of business: Distributor _____ Integrator _____ Designer _____

Area of expertise: Commercial _____ Residential _____ Both _____

Specialty areas:

Number of employees: _____ **Number of installers:** _____

Are your installers certified by Control4, Crestron, CEDIA etc? Please list affiliations and certifications:

Technical contact Name: _____ phone: _____

Email: _____

Admin contact Name: _____ phone: _____

Admin email: _____

How did you hear about us? CEDIA Expo ____ Infocomm ____ ISE ____

Manufacturer Forum ____ If so, which? (Control4, RTI, etc) _____

Installer forums: Remote Central / Integration Pros: ____ other _____

Zektor Mfr Rep _____ Control partner _____

Are you or your company interested in beta testing future Zektor products?

Yes ____ No ____

What is the timeframe for your first order?

Immediate ____ <1mo ____ <3mo ____ Quoting in project _____

Which product (s)?

DSP preamp audio switches

ProAudio 16 ____ ProAudio 32 ____ ProAudio 16X48 ____ ProAudio 32X48 ____ ProAudio 32X64 ____

SoloCAT HD HDBT extender kits

SoloCAT HD ____ SoloCAT HDL ____ SoloCAT HD MAX ____

Z44™ 4X4 4K HDMI / HDBT Matrix Switch

Z44™ 4X4 ____

Clarity HD® / Palladia™ HDMI Matrix Switches (no HDBT)

Clarity HD® 8X8 ____ Palladia™ 8X8 ____

Clarity HD® HDMI Matrix Switches with Mirrored HDMI / HDBT

Clarity HD v3 8X8 ____ Clarity HD v3 16X16 ____

Palladia™ HDMI Matrix Switches with Mirrored HDMI / HDBT and DSP Preamp

Palladia III / IV 8X8 _____ Palladia III / IV 8X8X16 _____ Palladia III / IV 16X16 _____

If your company is located in California please email or fax a copy of your state reseller permit with this form. Fax number 858-748-8224. Email sales@zektor.com

Thank you for purchasing Zektor products

Credit Card Authorization

I/We, hereby authorize Zektor Incorporated to utilize the following credit card for the purchase of Zektor Incorporated products.

Signed _____ **Title** _____

Printed Name

Credit card number _____

___ **AMEX** ___ **Master Card** ___ **VISA** **Security code** _____ **Exp** _____

Name on card: _____

Billing address: _____

City: _____ **State:** _____ **ZIP** _____

Authorized purchaser(s): _____

Shipping

___ **Use company address** ___ **Use billing address** ___ **Use different address below:**

Special instructions / requests

Optional- what can Zektor do for you and your company to aid in your success?

What other products would you like to see from Zektor?

Please engage with us on social media:

Facebook

<http://www.facebook.com/pages/Zektor-Incorporated/123579560977>

Twitter

@zektorinc

Linkedin

Jeff Haynes

Please include Zektor's logo on your website