



**International
DEALER APPLICATION FORM**

TRADING DETAILS

Trading Name:

Trading Address:

.....

Phone No:

Fax No:

Limited Company: YES NO

Date Registered:

No. of years trading:

Year-end Date:

Registration No:

Chamber of Commerce No:

Smart-HDL
Panyu – China Factory
Guangzhou – China International Sales
Dubai – UAE Asia and Africa Support

DIRECTORS FULL NAMES

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.....

.....

NAMES OF ALL PARTNERS
(Only if company is NOT a limited company)

.....

.....

.....

INVOICE DETAILS
(ONLY if different from above)

Invoice Name:

Invoice Address:

.....

Phone No:

Fax No:

ESTIMATED ANNUAL VALUE OF ORDERS

.....

.....

REGISTERED DETAILS
(ONLY if different from trading details)

Registered Name:

Registered Address:

.....

Phone No:

Fax No:

REQUESTED CREDIT LIMITED

Requested credit limit:

Currency of account:

Y RMB € EUR \$ USD

PARENT COMPANY
(ONLY if different from trading details)

Name:

Address:

.....

Registration No:

DECLARATION

- I/We...
- 1) Confirm that the information given in this form is in all aspects true and accurate.
 - 2) Acknowledge receipt of a copy of your standard terms & conditions of sale, which have been read and accepted as applying to every sale contract entered into between us. In particular conditions relating to the granting of credit, terms of payment and retention of title have been noted and accepted.
 - 3) Acknowledge that these trading facilities may be withdrawn at any time without notice to us.
 - 4) Authorise you to make such enquiries and take up such references about us as you may think appropriate without disclosure to us.
 - 5) Understand that the data provided will be held securely in confidence and processed for the purpose of carrying out our business and associated activities.
 - 6) Understand that by applying in writing, have the right to know what data is held on me/us as per the terms of the Data Protection Act 1998.

Signature:

Print Name:

Date:

INTERNAL USE ONLY

Account Opened by:	Discount:
	Date:
	Account No:
	Insured Credit:



SALES EMPLOYEES STRUCTURE

No. Of sales team:

Sales manager Name:

Sales manager Nationality:

Territory Covered:

Manager Phone No:

Sales Manager mail:

No. of Support Engineers:

No. of Marketing Team:

No. Presenters:

Comment On your Sales tactics:

TECHNICAL EMPLOYEES STRUCTURE

No. Of Engineers:

Tech. manager Name:

Tech. manager Nationality:

Manager Phone No:

Tech. Manager mail:

No. of Cabling Team:

No. of Installation Team:

No. of Commissioning Team:

No. of Support Team:

Comment On your Installation Experience:

USEFUL EXPERIENCE (Comment Pls)

CCTV Experience:

Telephone BABX:

Data Networking:

Security Alarm:

Door Access:

Music System :

Lighting and Dimming:

HVAC:

Automation and BMS:

MOD:

CTI:

Other:

Brand USED	Type	Years	As Dealer	As Distributor

(By Scanning and E-mailing to Firas@sbuspro.com)

A) Kindly Attach for Our Evaluation The Following:

- Valid Trade License Copy
- Company Profile
- Awards and certification (As available)
- Projects reference List
- Trade References (Suppliers, Dealers, ++)
- Any Other Pictures of team, Installation, Company ++

B) Kindly tell us, as you think is needed, about:

- Qty Of Projects you can Install Yearly
- List the cities you can Cover in the First year
- Last Year Turnover
- Your Abilities in brief

C) Kindly explain your Line of interest in our Product by selecting below of our List:

Interest	Line Of Products	As Dealer	To Distribute
	Intelligent Lighting and Dimming		
	Stage Lighting Control		
	Burglar BUS Alarm System		
	Automation and BMS		
	Distributed Multi Room Audio PA		
	Curtain and Drape Motors		
	Sockets switches and Outlets		
	DMX Show Control and Video Play		
	Touch Screens		
	Occupancy sensors& IR Transmit		
	Water Proof Large Bath/Mirror TV		
	Wireless Automation Systems		
	BUS enabled Power Metering		
	Integration Products		
	LED Display Outdoor TV screens		
	LED Lighting and Underwater Light		



**FREE
TRAINING BOOKING FORM**

YOUR DETAILS

(ONE form per person attending)

First Name:

Last Name:

Job Title:

Business Name:

Business Address:

Work Phone Number:

Work Fax Number:

Mobile Phone Number:

Email:

Web Page:

TRAINING COURSE

(Please mark which one you wish to attend as it is Easier for you and your team)

Dubai - UAE



Cairo - Egypt



Guangzhou – China



DIETARY REQUIREMENTS

SPECIAL NEEDS

Please note: Due to current demand, delegates are requested not make travel arrangements before placement has been confirmed.



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