

APPLICATION FOR BREATHALYZER DISTRIBUTION / RESALES

Please print this form, fill out as much information as possible, then FAX the form to 201-943-8828.

COMPANY NAME				
	ADDRESS1			
	ADDRESS2			
	CITY / STATE			
	POSTAL CODE / COUNTRY			
COMPANY TYPE	<input type="checkbox"/> PHYSICAL RETAIL STORE		<input type="checkbox"/> INTERMEDIATE / BULK RESALES	
Check all that apply	<input type="checkbox"/> PHYSICAL RETAIL CHAIN		<input type="checkbox"/> OTHER (SPECIFY):	
	<input type="checkbox"/> INTERNET STORE (COMPANY WEBSITE)			
	<input type="checkbox"/> GENERAL INTERNET SALES (NO WEBSITE)			
COMPANY OWNER				
ADDITIONAL INFORMATION	APPROX. # OF EMPLOYEES:		YEARS IN BUSINESS:	
PHONE / FAX	Ph ()		Fx ()	
EMAIL				
For details, please visit AKGlobalTech.com	<input type="checkbox"/> ALCOMATE REVO (FUEL-CELL + PRISM)		<input type="checkbox"/> ALCOMATE ACCUCELL (FUEL-CELL, NO PRISM)	
	<input type="checkbox"/> ALCOMATE PREMIUM (PRISM)		<input type="checkbox"/> ALCOMATE CORE (NO PRISM)	
	<input type="checkbox"/> ALCOMATE PRESTIGE (PRISM)		<input type="checkbox"/> ALCOMATE AL2500 SERIES (NO PRISM)	
	<input type="checkbox"/> ALCOMATE TS100 (FUEL-CELL, NO PRISM)		<input type="checkbox"/> LARGE-FORMAT (AL3100/AL3500/AL4000 SERIES)	
TARGET SALES VOLUME	MONTHLY:	UNITS	PER-ORDER QTY:	UNITS
Check all that apply	<input type="checkbox"/> GENERAL CONSUMER - INTERNET		<input type="checkbox"/> COMMERCIAL VENDING (BAR/RESTAURANT/ETC)	
	<input type="checkbox"/> GENERAL CONSUMER - PHYSICAL RETAIL		<input type="checkbox"/> CLINICAL / MEDICAL / PHARMACY	
	<input type="checkbox"/> LAW ENFORCEMENT / GOVT / MILITARY		<input type="checkbox"/> OTHER (SPECIFY):	
	<input type="checkbox"/> MARITIME VESSELS			
ADDITIONAL COMMENTS				
Please describe any unique sales opportunities if applicable, such as bid contracts, etc.				
NAME / TITLE (PRINT)				
SIGNATURE				

<http://AlcoMate.net>

