



POWER FOR PORTABLE PRODUCTS



**Dealer Program Application**

Please fill out completely and return via facsimile to 401.738.8695

**1) Applicant**

Applicant Name: _____	Other Trade Name: _____
Contact: _____	Other Decision Maker: _____
Phone: _____	Fax: _____
Mailing Address: _____	Billing Address: _____
City/State: _____	(if different from Mailing) _____
Zip: _____ Country: _____	Zip: _____ Country: _____
Website: _____	Email: _____

**2) Bank References**

Bank Name: _____	Account Manager.: _____
Street Address: _____	Telephone: _____
City/State/Zip: _____	Fax: _____
Account No: _____	Loan No.: _____

**3) Trade References**

Contact Name: _____	Tel: _____
Contact Organization: _____	
Contact Name: _____	Tel: _____
Contact Organization: _____	
Contact Name: _____	Tel: _____
Contact Organization: _____	

**4) Company Information**

No. of Years in Business _____		
Nature of Company (Please Check One)		
<input type="checkbox"/> Public	<input type="checkbox"/> Subsidiary of: _____	<input type="checkbox"/> Large Private Company
<input type="checkbox"/> Small Private Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
Were you rated by Dun and Bradstreet?		
<input type="checkbox"/> No.	<input type="checkbox"/> Yes, Rating: _____	<input type="checkbox"/> Duns No.: _____



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Dealer Program Application (Cont.)

4) Company Information, cont.

Amount spent on replacement batteries last year \$ \_\_\_\_\_ No. of replacement battery units sold last year \_\_\_\_\_
Current Replacement Battery Supplier
Motorola Kenwood Standard Tait Yeasu
Icom Maxon Uniden Bendix King

5) Sales and Use Tax Certificate of Exemption (in lieu of Sales Certificate)

A. The undersigned hereby certifies he holds a valid sales and use tax certificate for the State of \_\_\_\_\_ and that he is principally engaged in the business of selling \_\_\_\_\_
B. The undersigned also certifies that the tangible personal property described as follows \_\_\_\_\_ which he shall purchase from Cyber Communications whose corporate headquarters are located at 90 Colorado Ave, Warwick, RI 02888 will be for the purpose indicated below:
C. (Please check which applies)
Resale in its present form
Resale as converted into or as a component of a product by the undersigned.
D. The undersigned certifies he will accrue and pay any applicable use tax on any tangible personal property obtained under this certificate of exemption if it is used or consumed by the purchaser.
E. I declare under penalties of false swearing that it is my belief that the vendor named herein is not required to collect the sales or use tax on the transactions covered by this certificate and to the best of my knowledge and belief is true and correct, made in good faith, pursuant to the sales and use tax laws of the aforementioned state.
Purchaser's Firm Name: \_\_\_\_\_ Certificate of Registration #: \_\_\_\_\_
Address: \_\_\_\_\_
By: \_\_\_\_\_ (print) \_\_\_\_\_ (signature)

6) Applicant Signature

Authorized Signature: \_\_\_\_\_
Name: \_\_\_\_\_
Title: \_\_\_\_\_ Date: \_\_\_\_\_