



Preferred Partner Program

Complete all forms for the **Preferred Partner Program (PPP)**, upon completion please send all signed forms along with invoice copies to "Preferred@vitekctv.com" or fax to 661-294-8044 to Attn: Crystal.

Company Information:

Company			
Address 1			
Address 2			
City	State	Zip	
Phone	Fax		
Website			

Main Contact Information:

First Name	Last Name	Title/Job Descriptions
Phone	Email	

Tell Us About Your Company:

Locations: _____
 Locations: _____
 Locations: _____
 Sales Reps: _____
 Sales Reps: _____
 Sales Reps: _____
 Installation Vehicles: _____
 Installers/Technicians: _____

Installation Information	Services Provided	Select All Products Your Company Uses	
Have you ever installed Vitek Products? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Access Control <input type="checkbox"/> Burglar Panel	<input type="checkbox"/> Access Control <input type="checkbox"/> Biometric Devices <input type="checkbox"/> Burglar Panel <input type="checkbox"/> CCTV Cameras <input type="checkbox"/> IP Cameras <input type="checkbox"/> HD-SDI Cameras	<input type="checkbox"/> TVI Cameras <input type="checkbox"/> CVI Cameras <input type="checkbox"/> AHD Cameras <input type="checkbox"/> Locking Hardware <input type="checkbox"/> Proximity Readers <input type="checkbox"/> Smart Card Reader
Number of CCTV Installs Per Month: _____ Percentage of Residential: _____ Percentage of Commercial: _____		<input type="checkbox"/> NVRs <input type="checkbox"/> DVRs <input type="checkbox"/> Mobile DVRs	

Terms and Agreements:

I understand that by signing up to be a part of the **Preferred Partner Program (PPP)** I will not be buying products directly from **VITEK** Industrial Video Products, Inc. I will continue to purchase **VITEK** products through authorized distributors. I understand that in order to qualify for special promotions through the **VITEK Preferred Partner Program (PPP)** proof of purchase will be required and may include submitting product serial number(s) and invoice(s). I understand that not submitting proper paperwork will void my promotional opportunities. I understand that additional terms and conditions may apply.

Signature: _____ Print: _____

Title: _____ Date: _____