



3100 Pennington Road  
Orlando, Florida 32804  
U.S.A

sales@epiXsky.com  
www.epiXsky.com

**epixsky TECHNOLOGY APPLICATION – COMPLETION OF THIS FORM AND ACCEPTANCE BY EPIC SKY TECHNOLOGY DOES NOT GUARANTEE ACCEPTANCE AS A DEALER**

EMAIL COMPLETED FORM TO: **sales@epixsky.com**.

Please complete the following form in its entirety. Incomplete applications will delay processing.

| BILLING INFORMATION             |  |
|---------------------------------|--|
| Company Name (DBA):             |  |
| Legal Name (if different):      |  |
| Attn / Title:                   |  |
| Street Address:                 |  |
| Mailing Address (if different): |  |
| City, State, Zip:               |  |
| Main Phone #:                   |  |
| Email Address:                  |  |

| SHIPPING INFORMATION (IF DIFFERENT THAN BILLING) |  |
|--|--|
| Company Name (DBA):                              |  |
| Attn / Title:                                    |  |
| Street Address:                                  |  |
| City, State, Zip:                                |  |
| Special Shipping Instructions:                   |  |
| Partial Shipments OK?                            | Yes                      No  |
| Is shipping address a:                           | Showroom                      Warehouse                      Office                      Home Business |

**CORPORATE INFORMATION**

(Please enclose a copy of your last two years financial statements or tax returns. Information will be kept confidential)

|                    |                          |                                 |             |
|--------------------|--------------------------|---------------------------------|-------------|
| Type of Ownership: | Corporation              | Limited Liability Company (LLC) | Partnership |
|                    | Limited Partnership (LP) | Other:                          |             |

Federal ID #:

Resale Tax Certificate # (Attach Copy):

|                  |                   |                 |
|------------------|-------------------|-----------------|
| Date Established | Years in Business | # of Employees: |
|------------------|-------------------|-----------------|

SIC Code # / Type of Business:

Parent Company Name (if applicable):

|   |     |    |              |
|---|-----|----|--------------|
| Has the company ever filed bankruptcy?: | Yes | No | If yes- When |
|---|-----|----|--------------|

|                  |       |
|------------------|-------|
| Website Address: | Email |
|------------------|-------|

President / CEO:

Controller / CFO:

Other Principle &amp; A/P Manager:

**PURCHASING INFORMATION**

Authorized Buyers:

**FORM OF PAYMENT**

(Please verify what form of payment you will be using)

Type:

**WHAT PRODUCT LINES DO YOU CURRENTLY CARRY? (Please List Brands For Each Category Below)**

Home Theater Components?

Distributed Audio?

Lighting?

HVAC?

Security?

Speakers?

Control?

TV's / Displays?

**BANK REFERENCE (Optional)**

Bank Name:

Officer/Contact:

Address:

City, State, Zip:

Checking Account #: Savings Account #:

Loan Account #:

Phone #: Fax #:

**SIGNED BY AUTHORIZED OFFICER**

Signature: Date:

Name (please print): Title:

In support of this application Epic Sky Technology & Associates is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with which I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only for consideration of this application. Upon approval of this application, it is agreed that all purchases will be paid according to the specific terms outlined in my dealer agreement. Should I/we not pay Epic Sky Technology according to terms, it is understood that credit privileges may be withdrawn. Payments made to Epic Sky Technology that are returned insufficient funds will be charged a \$ 25.00 NSF fee for each insistence. No terms or conditions hereof may be changed except by written consent of Epic Sky Technology. Should Epic Sky Technology find it necessary to obtain assistance in collecting any monies due, I/we agree to pay all collection agency fees, attorney fees whether hourly or contingent, and/or court costs necessary to collect monies owed. Past due/unpaid balances are subject to 18% APR. Litigation to enforce this agreement may be commenced in the state of Utah at Epic Sky Technology's option. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.

**INFORMATION ABOUT YOUR BUSINESS**

How many employees do you have?

How many salespeople do you have?

How many installers do you have?

How many builder relationships do you have?

What is your average equipment billing per job?

What was your total company revenue last year?

Who will be performing the system programming?

Please share the background of those that will be doing system programming:

Have any of your installers received special training or certification? (Please List):

How many individuals would you like to send through the EpiXsky training program?

**CONTINUED**

How do you see Epic Sky Technology fitting into your product mix?

How many jobs do you average per year?

What percentage (%) of your jobs are new construction?

What percentage (%) of your jobs are retro-fit?

What percentage (%) of your jobs are commercial?

What is your average labor billing per job?

What is your projection for revenue this year?

Does anyone in your company have a background in networking? (Please Explain):

Does anyone in your company have a background in lighting? (please Explain):

Are you associated with any other company? If so please list them: