

**COMPANY INFORMATION:**

Company Name:

Address:

City:  Province:  Postal Code:

Phone #:  Toll Free #:  Fax #:

Website:

FOR DEALERS WITH MORE THAN ONE BRANCH, PLEASE LIST ALL OTHER CITY LOCATIONS:

Locations:

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**CONTACTS (Please specify correct job title and email address):****MANAGEMENT**

Name:  Title:  email:

Name:  Title:  email:

Name:  Title:  email:

**SALES DEPARTMENT**

Name:  Title:  email:

Name:  Title:  email:

Name:  Title:  email:

Name:  Title:  email:

Name:  Title:  email:

**OTHER (Service Manager, Technicians, etc.)**

Name:  Title:  email:

Name:  Title:  email:

**PURCHASING:**

Name:  Title:  email:

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**AUTHORIZED DEALERS FOR (Please check all that apply):**

- Motorola     Motorola FRS     Motorola XTN/CLS     Kenwood     Icom     Iden
- Vertex     M/A-Com     Midland     Tait     Maxon     Cobra

Other (Specify):