



BAVIS CERTIFIED DEALER APPLICATION

Instructions:

- Download the application to your device.
- Open the downloaded file and complete the fields.
- Save the completed application to your device.
- Email the completed application as a PDF attachment to **dealers@bavis.com**.

CONTACT INFORMATION

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Company Name: _____

First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State: Zip: _____

Phone: (____) ____-____ Cell: (____) ____-____

E-mail: _____

Website: _____

Bill To Address: Same as above

Address: _____

City: _____ State: Zip: _____

Years in Business: _____

Additional Offices: Yes No

If yes, please provide listing of all locations, including location contact.

COMPANY INFORMATION

Dun & Bradstreet D-U-N-S number: ____-____-____

Profiles CEO/President/Owner Name: _____

Title: _____ Email: _____ Phone: _____

Sales Name: _____ Title: _____

Email: _____ Phone: _____

Marketing Name: _____ Title: _____

Email: _____ Phone: _____

Operations Management Name: _____

Title: _____ Email: _____ Phone: _____

Service Name: _____ Title: _____

Email: _____ Phone: _____

Installation Name: _____ Title: _____

Email: _____ Phone: _____

Billing Name: _____ Title: _____

Email: _____ Phone: _____

COMPANY INFORMATION

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Geographic Coverage: _____

Tax Exempt? Yes No *If yes, please provide copy of exemption certificate.*

No. of Total: _____ Service: _____ Management: _____ Other: _____
 Employees Sales: _____ Marketing: _____ Admin: _____

Markets Served (select all that apply and indicate % of your business in that market):

- _____ % Pharmacy _____ % Cannabis _____ % Retail
 _____ % Financial _____ % Commercial _____ % Government _____ % Other _____

Brief Strategy/Plan (or attach)

CURRENT OFFERINGS

Products Offered (select all that apply and indicate % of your business in that market):

- | | |
|---|------------------|
| <input type="checkbox"/> _____ % Transaction Drawers | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Window-Drawer Combination Units | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Security Windows | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Ballistic Windows | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Hurricane Windows | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Remote Drive-Thru Pneumatic
Tube Systems, Conveyors, Carriers | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Audio/Video Solutions for Drive-Thru | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Drive-Thru Accessories | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Intrusion Alarms | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Access Control | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Surveillance | Mfg/Model: _____ |
| <input type="checkbox"/> _____ % Other: _____ | Mfg/Model: _____ |

What are your primary drivers of revenue (check all that apply)?

- Installation Service Selling Other (please specify) _____

Company Training and Certifications Held

Other Dealer Programs? Yes List Others: _____

FINANCIALS

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What is your estimated monthly spend with Bavis?

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Less than/equal to \$5,000 | <input type="checkbox"/> \$5,000 to \$10,000 | <input type="checkbox"/> \$10,001 to \$15,000 | <input type="checkbox"/> \$15,001 to \$25,000 | <input type="checkbox"/> \$25,001 to \$50,000 |
| <input type="checkbox"/> \$50,001 to \$100,000 | <input type="checkbox"/> \$100,001 to \$250,000 | <input type="checkbox"/> \$250,001 to \$500,000 | <input type="checkbox"/> More than \$500,000 | |

INSURANCE

What types and levels of insurance are held?

ADDITIONAL COMMENTS

Enter any additional information about your company you would like us to consider here.

DISCLAIMER

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The completion of this application does not guarantee admission into the Bavis Dealer Program.

Upon completion of this entire application form, please return via mail or email:

E-mail: dealers@bavis.com

SUBMIT BY EMAIL

Mail: Bavis Dealer Program
201 Grandin Road
Maineville, OH 45039

*If unable to send, save and submit per instructions on the cover.

PRINT

FOR INTERNAL USE ONLY

Approved: Yes No

Effective Date: _____

BP #: _____

Authorization: _____

Date: _____