

# APPLICATION FOR BREATHALYZER DISTRIBUTOR / RESELLER

Please print this form, fill out as much information as possible, then FAX the form to 201-943-8828.

<b>COMPANY NAME:</b>			
	ADDRESS1		
	ADDRESS2		
	CITY / STATE		
	ZIP CODE / COUNTRY		
<b>COMPANY TYPE:</b>	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	
	<input type="checkbox"/> CORPORATION / LLC	<input type="checkbox"/> OTHER (SPECIFY):	
<b>SALES TYPE:</b>  CHECK ALL THAT APPLY	<input type="checkbox"/> PHYSICAL RETAIL STORE (INDIVIDUAL)	<input type="checkbox"/> INTERMEDIARY / BULK RESALE	
	<input type="checkbox"/> PHYSICAL RETAIL CHAIN	<input type="checkbox"/> OTHER (SPECIFY):	
	<input type="checkbox"/> INTERNET STORE (COMPANY WEBSITE)		
	<input type="checkbox"/> GENERAL INTERNET SALES (NO STORE)		
<b>COMPANY OWNER:</b>			
<b>ADDITIONAL INFO:</b>	APPROX. # OF EMPLOYEES:	YEARS IN BUSINESS:	
<b>PHONE / FAX:</b>	Ph (        )        -	Fx (        )        -	
<b>EMAIL:</b>	@		
<b>PRODUCTS OF INTEREST:</b>  CHECK ALL THAT APPLY	<input type="checkbox"/> ALCOMATE PRESTIGE (NO CALIBRATION)	<input type="checkbox"/> ALCOSCAN AL3500 (COIN-OP/VENDING)	
	<input type="checkbox"/> ALCOMATE PLUS (NO CALIBRATION)	<input type="checkbox"/> ALCOSCAN AL3100 (TABLE-TOP)	
	<input type="checkbox"/> ALCOMATE PRO	<input type="checkbox"/> ALCOTECTOR (FUEL-CELL)	
	<input type="checkbox"/> ALCOSCAN AL5000	<input type="checkbox"/> SAFEMATE (NO MOUTHPIECE / NOVELTY)	
	<input type="checkbox"/> ALCOSCAN AL2500 (NO MOUTHPIECE)	<input type="checkbox"/> SAFEDRIVE (KEYCHAIN / NOVELTY)	
<b>TARGET SALES VOLUME:</b>	MONTHLY:	UNITS	YEARLY:                      UNITS
<b>TARGET CONSUMERS:</b>  CHECK ALL THAT APPLY	<input type="checkbox"/> GENERAL CONSUMER - INTERNET	<input type="checkbox"/> MEDICAL / HEALTH SUPPLY	
	<input type="checkbox"/> GENERAL CONSUMER - PHYSICAL RETAIL	<input type="checkbox"/> SUBSTANCE COUNSELING PROGRAMS	
	<input type="checkbox"/> LAW ENFORCEMENT SUPPLY	<input type="checkbox"/> OTHER (SPECIFY BELOW):	
	<input type="checkbox"/> GOVERNMENT / MILITARY BIDS		
	<input type="checkbox"/> COMMERCIAL (BARS / RESTAURANTS)		
<b>ADDITIONAL COMMENTS:</b>  PLEASE SPECIFY ANY UNIQUE SALES OPPORTUNITIES IF APPLICABLE, SUCH AS BID CONTRACTS OR SIMILAR			
<b>SIGNATURE:</b>			
<b>NAME / TITLE:</b>			