



Mailing Address: 24551 Raymond Way, Suite 270
 Lake Forest, CA 92630
 Phone: 1-888-211-2288 | Fax: 949-305-9977
 Email: support@worldyecam.com
 Web: www.worldyecam.com

CONFIDENTIAL DEALER/RESELLER APPLICATION

Name: _____

Billing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Federal Tax ID: _____

Estimated Monthly Credit Required: _____

Quarterly Projected Sales: _____

World EyeCAM Sales Contact: _____

Sales Contact: _____ Purchasing Contact: _____

Type of Business:

- Security Contractor Corporate Reseller Distributor-Security
- Distributor-Network/PCs I.T. Network Contractor
- Other (Specify)

Names and Titles of Officers/Owners/Partners:

1. _____ Title: _____

2. _____ Title: _____

3. _____ Title: _____

Bank Reference:

Bank: _____ Account#: _____

Address: _____

Contact: _____ Phone: _____



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Trade References:

1. Name: _____ Account #: _____
 Address: _____
 Contact: _____ Phone: _____
 Fax: _____

2. Name: _____ Account #: _____
 Address: _____
 Contact: _____ Phone: _____
 Fax: _____

3. Name: _____ Account #: _____
 Address: _____
 Contact: _____ Phone: _____
 Fax: _____

World EyeCAM Terms and Conditions:

- As a dealer there will be no refunds on complete systems or DVR cards, unless otherwise defective.
- As a dealer you are responsible for the evaluation of the DVR product BEFORE installation, service, or sale to your customer/client.
- If you inspect that your DVR product is, or has become defective, you may return it for a prompt exchange. However, you must call technical support for an RMA # before doing so.
- If you return a DVR card back to World EyeCAM, and it is not defective there will be a \$25.00 diagnostic fee.
- Cameras, lenses, power supplies, etc. will come with the standard manufacturers warranty and may be exchanged and/or returned.
- All items returned will have a 15% restocking fee.
- World EyeCAM does not handle third party customer support issues, we only deal directly with the dealer that purchased the item(s).
- 10 items minimum purchase required.

By signing below, I attest that the information on this application is accurate and I agree to World EyeCAM's Terms and Conditions.

Application Date: _____ Name: _____

Signature: _____



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Credit Card Authorization Agreement

I, _____, from the Company _____,

World EyeCAM Customer ID _____, hereby authorize World EyeCAM to put through a charge(s)

To my credit card. The credit card information is listed as follows:

Card Account Number: _____ **Exp. Date:** _____

Credit Card Issuing Bank: _____

Card's Bank Phone Number: _____

CVV Number: _____

Your credit card billing address is:

Telephone Number: _____

The address that World EyeCAM should ship my orders is:

* Please note World EyeCAM reserves the right to deny shipping of order(s) to any address other than the billing address of the credit card if we are unable to verify this address.

Telephone Number: _____

I hereby authorize World EyeCAM to charge this card for all orders placed from my company. Make this my "Credit Card on File". (Circle Yes or No) YES NO

Cardholder's Name: _____ (Please Print)

Cardholder's Signature: _____ Date: _____

Please attach a photocopy of both front and back of your credit card and driver's license and fax to World EyeCAM, (949) 305-9977. All transactions are subject to approval by your credit card company.