



Mailing Address: 28202 Cabot Road, Suite 300  
Laguna Niguel, CA 92677  
Phone : 888-211-2288 | Fax : 949-503-0177  
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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Security Contractor     | <input type="checkbox"/> Corporate Reseller      | <input type="checkbox"/> Distributor-Security |
| <input type="checkbox"/> Distributor-Network/PCs | <input type="checkbox"/> I.T. Network Contractor |   |
| <input type="checkbox"/> 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.