

## DeviceGuard New Dealer Signup

**Business Name:** \_\_\_\_\_

**Parent Company:** \_\_\_\_\_ **Store Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How do you anticipate signing up customers?**  Fax  Online

**How do you anticipate charging customers?**  Through Dealer  Through Website  Both

**DeviceGuard Sales Agent:** \_\_\_\_\_

**I have read and agree to the Reseller Agreement.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax this form to 1-800-618-2910.**