

## Dealership Request Form

Date: \_\_\_\_\_

### A. General Information

Name:			
Designation:			
Mobile No.:			
Key Contact:		Mobile:	
Annual Turnover:	USD _____ / INR _____ Other: _____		
Company Name:			
Address:			
Phone:			
Fax:			
Email:			
Website:			

### B. Your Requirements & Plan

	TECHNOLOGY
	<input type="checkbox"/> Tag Based Proximity Warning & Alert System <input type="checkbox"/> Non-Tag Based Proximity Warning & Alert System <input type="checkbox"/> Manlift Anti-Entrapment System
Market Size:	(Please write about your market projection for each product you have checked above)
Territory:	(Please write about the territory you are interested in)
Marketing Organization:	(Please describe your marketing organization and areas of strength)
Field Support:	(Please write about your field support staff and their specializations)

Please email the completed form to: [sales@vigilsitesafe.com](mailto:sales@vigilsitesafe.com)