



Ikan Corporation
 11500 S. Sam Houston Pkwy West
 Houston, TX 77031
 Phone: 1.713.272.8822
 Fax: 713.995.4994
 www.ikancorp.com

New Dealer Application

Thank you for your interest in joining the Ikan family. Please answer the following questions to help us get to know you. Please print responses or complete the form electronically with a PDF Viewer.

Business Info

Date:

Business Name: DBA:

Street Address: Suite/Bldg#:

City: State:

Zip/Mail Code: Country:

Phone: Email:

Fax: Website:

Date Business Started:
 (mm/yyyy)

Years in Business?

Number of Employees:

Business Structure:

Business Structure Type if Other

How does your business conduct operations:

Check all that apply

- Showroom
- Rental House
- Integrator
- Online Sales
- Other

Showroom or Rental House:

is your establishment larger than 2,500 sqft?:

- Yes
- No

If other, please list your operation outlets:

Do you have a generic email address we can use to refer to our customers?

Sales Info

Where is your target market located geographically?

Describe your target market & the type of customer who shops with you?

What online marketplace(s) do you utilize?

- Amazon
- Ebay
- AV-iQ
- Other

If other, please list marketplace website:

What type(s) of marketing do you currently use?

- Social Media
- Tradeshows
- Newsletter
- Catalogues
- Other

If other, please list marketing tools:

Please list all Salespeople and their email addresses:

Do you have an outbound Sales Team? Please list their name(s) email address(es) and the region(s) they service.

Product Info

To whom should we distribute Price Lists, New Products & Promotional Information of behalf of the company? Please list name(s) email address(es) and phone number(s).

What categories of products do you currently sell? Lighting, Monitors, Teleprompters, Camera Rigs, Other Production Tools, etc.

What brands are you currently stocking?

Lighting:

Monitors:

Teleprompters:

Camera Rigs:

Other Production Tools:

Which Ikan products are you most interested in stocking?

Credit Info

Accounts Payable Contact: Please list name, email address, and phone number:

Bank Reference: Please list name, account number, physical address & main contact:

Tax Resale Number:

Supplier Name:

Main Contact:

Address:

City:

State:

Zip/Mail Code:

Country:

Phone:

Fax:

Account:

Supplier Name:

Main Contact:

Address:

City:

State:

Zip/Mail Code:

Country:

Phone:

Fax:

Account:

New Dealer Credit Card Authorization

(will be placed on file)

Company Name:

Name on Card:

Billing Address:

City:

State:

Zip/Mail Code:

Country:

Visa

MasterCard

AmericanExpress

Discovery

Card Number:

Exp:

CVV:

We would like to be notified Before After this card is charged for any balance owed to Ikan Corp. (Please choose an option).

Name:

Email:

Phone:

(Cardholder Name)

I, , authorize Ikan Corporation to charge the above credit card for any amount owed to Ikan Corporation.

Signature:

Date:

Legal Info:

All dealer applicants must include a copy of your business license.

Ikan requires an opening order minimum of at least \$5,000 to become an authorized dealer.

All questions must be answered in order for this application to be processed. Once complete, please sign & fax to 713.995.4994 or email the representative that contacted you. Thank you for your interest in joining the Ikan Family. We look forward to working with you!

Owner Name:

Owner Email:

Partner Name:

Partner Email:

Partner Name:

Partner Email:

Partner Name:

Partner Email:

I certify that the above information is complete & accurate to the best of my knowledge.

Applicant Name:

Applicant Email: (if not the owner)

Position:

Phone Number:

Signature:

Date:

(Please insert written or digital signature above).