

SIGNATURE SECURITY GROUP – AUTHORISED SECURITY DEALER APPLICATION

Please complete the attached application including the following applicable information for our confidential review:

- A copy of your company's business registration certificate**

- A copy of your Insurance Certificate** (public liability, property damage, professional liability, workers compensation)

- A copy of the company's (Master) License**

- A copy of your staff and Contractors Advisor (sales) License(s)**

- A copy of your staff and Contractors Installation license(s)**

- A copy of your staff and Contractors Drivers License**

All of these items are necessary in order to process your application. If you cannot provide one or more documents, please contact us before sending in your application.

Please mail your application and attachments directly to our head office:

**Attn: National Channel Manager
Signature Security Group
Suite 1, Level 11, South Tower
1-5 Railway Street
Chatswood NSW 2067**

Please do not fax your application.

If you have any questions about how to complete the application, please contact our National Channel Manager via telephone on **1300 665 700** or via email **dealer@signaturesecurity.com.au**.

Incomplete applications will cause delays in processing or will be returned for more information.

You will be notified of your dealership approval, generally within 15 business days of receipt of your application.

Signature Security Group look forward to a long and mutually beneficial business relationship.



(Please complete and return with copies of your company business registration, insurances, company security licences & registrations)

COMPANY DETAILS

Full name of Business / Company

Trading Name:

Date Business Incorporated ACN: ABN:

Master Licence Number:

Security Membership Assoc.:

Website:

Business Address:

State: Postcode

Postal Address

State: Postcode:

Business Telephone No.: Facsimile No.:

PERSONAL DETAILS

Main Contact: Position:

Email Address: Direct Telephone No.:

Direct Fax No.: Mobile No.:

After Hours No. (SSG Use Only):

DIRECTOR DETAILS

Name of Director 1/Proprietor 1:

Residential Address:

State: Postcode:

Private Phone No.: Fax No.: Mobile No.:

D.O.B: Drivers Licence No.:

Name of Director 2/Proprietor 2

Residential Address:

State: Postcode:

Private Phone No.: Fax No.: Mobile No.:

D.O.B: Drivers Licence No.:

Your interest in Signature Security is:

Dealer Bureau Sub-contractor Line Sales Other _____

Your business premises is:

Home Residence Commercial Shop Front Other _____

Your main business in security is:

Sales Installations Monitoring Other _____

Besides alarms, what other security products are you interested in marketing:

CCTV Medical Alarm Vehicle Tracking Other _____

Your current security monitoring provider is:

ADT SMC (Chubb) CMS Other _____

Your security target markets are:

Government Enterprise Medium Business Small Business Residential

How do you currently sell alarm systems:

Referrals Door-to-Door Telemarketing Advertising Direct Marketing

On average, how many alarm systems do you currently sell per month:

1 to 10 10 to 24 25 to 49 50 to 99 100+

Of those, how many do you sell with monitoring per month:

1 to 10 10 to 24 25 to 49 50 to 99 100

Does your business have other sources of income:

No Yes Income Sources _____ Years _____

Are there an current, potential or outstanding business issues we need to be aware of:

ACCC TPA Litigation Bankruptcy
 Insurance Criminal Activity Employee Claims Other _____

Do you have insurances for:

Business Loss Public Liability (\$5m) Workers Comp Professional Indemnity

List your staff with security/registration/licences:

STAFF 1

Name: _____ State: _____
Type of Licence: Adviser Installer Licence/Registration #: _____ Exp Date: _____

STAFF 2

Name: _____ State: _____
Type of Licence: Adviser Installer Licence/Registration #: _____ Exp Date: _____

STAFF 3

Name: _____ State: _____
Type of Licence: Adviser Installer Licence/Registration #: _____ Exp Date: _____

List your contractors with security/registration/licences:

STAFF 1

Name: _____ State: _____
Type of Licence: Adviser Installer Licence/Registration #: _____ Exp Date: _____

STAFF 2

Name: _____ State: _____
Type of Licence: Adviser Installer Licence/Registration #: _____ Exp Date: _____

STAFF 3

Name: _____ State: _____
Type of Licence: Adviser Installer Licence/Registration #: _____ Exp Date: _____

NB Please include these people's security and drivers licences with this application.

What brand(s) of security intruder detection products do you sell and install?

Bosch DAS/PACOM Crow DSC
 Honeywell Dedicated Micros Ademco Other: _____

Do you own any other security related businesses?

No Yes Name and Type of Business: _____
Location: _____

What territories do you wish to market Signature Security in: (Please specify particular towns, regions or cities)

State	NSW	QLD	VIC	SA	WA	TAS	ACT	NT
Territory								

Do you or have you had a business relationship with any other security related company?

No Yes _____ Still Active _____
Business Name and Type of Business Relationship

* Please include any dealer programs, suppliers, employers, past employees, sub contractors or relatives and if you have a signed non-competition agreement or contact that may restrict your company from doing business with Signature Security Group.

Number of employees:

	NSW	QLD	VIC	SA	WA	TAS	ACT	NT	TOTAL
Sales									
Installers									
Other									

BUREAU: Will your organisation be transferring existing clients to Signature Security?

No Yes No of residential clients: _____ No of business clients: _____

Who currently monitors your Lines: _____

How long have they been monitoring your Lines for: _____

(If less than 2 years) Who before that period: _____ How long: _____

BUREAU: On average, how many clients will your organisation connect to Signature Security per month:

1 to 9 10 to 24 25 to 49 50 to 99 100+

BUREAU: Your patrols company(s) are?

Region: _____ Patrol Company: _____ Ph: _____

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NB Bureau Partners must have an established account with the patrol companies listed above. All charges for alarm responses are the responsibility of you, the Bureau.

Bank details

Bank: _____ Branch: _____

BSB #: _____ Account #: _____

Business trade references:

Company 1: _____ Phone: _____

Contact: _____ Relationship: _____

Company 2: _____ Phone: _____

Contact: _____ Relationship: _____

I certify that the information I have supplied in this application is true and correct to the best of my knowledge and I permit Signature Security Group to conduct all necessary due diligence checks.

Name: _____ Position: _____

Signature: _____ Date: _____

Witnessed By: _____ On this date at: _____

Signature: _____ Date: _____