

To apply for membership of the Dynalite Dimension Dealer program, please complete this form in full.

Applicant Information					
Company:					
Name of Principal:					
Address:					
State/Province:		Country:		Zip/Post Code:	
Telephone:			Mobile:		
Fax:			Email:		
Website:					
Company Details					
How many years has your company been in business?			Years		
In which territories do you operate?					
What do you consider to be your primary market segments? (Please choose all that apply)					
Audio Visual	<input type="checkbox"/>	Institutional	<input type="checkbox"/>		
Cinema	<input type="checkbox"/>	Luxury Residential	<input type="checkbox"/>		
Commercial	<input type="checkbox"/>	Residential Developments	<input type="checkbox"/>		
Home Cinemas	<input type="checkbox"/>	Retail	<input type="checkbox"/>		
Hotels	<input type="checkbox"/>	Marine	<input type="checkbox"/>		
Other (please specify)					

Accredited Dynalite Dimension Sales Engineers

To be a part of the Dynalite Dimension Dealer program you must employ at least one accredited Dimension Sales Engineer. For larger organisations please list up to 4.

Please list your primary point of contact (this will appear on the Dynalite Dimension website)

Name:		Position:	
Telephone:		Mobile:	
Email:		Registration Number:	Office Use
Secondary sales engineers			
Name:		Registration Number:	Office Use
Name:		Registration Number:	Office Use
Name:		Registration Number:	Office Use

Accredited Dynalite Dimension Programmers

To be a part of the Dynalite Dimension Dealer program you must have at least one accredited Dimension programmer, who is either employed by you, or sub-contracted by you (please circle). For larger organisations please list up to 4.

Name:		Registration Number:	Office Use
Employed:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>
Name:		Registration Number:	Office Use
Employed:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>
Name:		Registration Number:	Office Use
Employed:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>
Name:		Registration Number:	Office Use
Employed:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>

Accredited Dynalite Dimension Installers

To be a part of the Dynalite Dimension Dealer program you must have at least one accredited Dimension installer, who is either employed by you, or sub-contracted by you (please circle). For larger organisations please list up to 4.

Name:		Registration Number:	<i>Office Use</i>
Employed:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>
Name:		Registration Number:	<i>Office Use</i>
Employed:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>
Name:		Registration Number:	<i>Office Use</i>
Employed:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>
Name:		Registration Number:	<i>Office Use</i>
Employed:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>

Professional Memberships

Is your company a member of any professional organisations? And, if so, how long have you been a member for?

Organisation:		Years:	
Organisation:		Years:	
Organisation:		Years:	
Organisation:		Years:	
Organisation:		Years:	
Organisation:		Years:	

Trade or Professional Qualifications/Certifications

Does your company hold any trade or professional qualifications/certificates (such as electrical certificates)? And, if so, how long have you held these?

Qualification:		Years:	
Qualification:		Years:	
Qualification:		Years:	
Qualification:		Years:	
Qualification:		Years:	

Qualification:		Years:	
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Dimension Website			
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Details for your listing on the public Dimension website

Please tick if you DO NOT wish to be listed on our public Dimension website	<input type="checkbox"/>
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Do you have a showroom for client demonstration?	<input type="checkbox"/>
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Is the showroom by appointment only?	<input type="checkbox"/>
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Please add me to the Dimension eNewsletter	<input type="checkbox"/>
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Dimension Website Listing Details

Contact Name:	
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Contact Phone Number:	
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Contact Email Address:	
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Contact Address:	
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Additional Information			
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Please list any additional information.

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Declaration of Accuracy		
The information included on this form is to the best of my knowledge true at the time of writing. Any changes to this information will be reported to Philips Dynalite or the regional VAR.	Please tick to confirm	<input type="checkbox"/>
	Print Name:	
	Date: (MM/DD/YYYY)	