



PrimeTime

Lighting Systems®

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DALLAS, TX 75220
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FAX (214) 393-5999

RESELLER APPLICATION

Date:

Check One:

Dealer:

Systems Integrator:

End - User:

Business Name & Address:

Main Telephone:

Type of Business: Corp. Partnership Sole Prop. Oth

State Of:

Web:

Parent or Affiliate:

Contacts:	Name:	Phone:	Fax:
Purchasing:			
Technical			
A / P:			
Bank Name:	<input type="text"/>		
Bank Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Account #:	<input type="text"/>		

Contractors License # (If Applicable): State:

List Three Trade References:

Company Address	<input type="text"/>
Contact Phone #	<input type="text"/>
Fax#	<input type="text"/>

Company Address	<input type="text"/>
Contact Phone #	<input type="text"/>
Fax#	<input type="text"/>

Company Address	<input type="text"/>
Contact Phone #	<input type="text"/>
Fax#	<input type="text"/>

Form Completed By:

Fax To: 214.393.5999

type or print

Signature: _____