



RAPID VIGIL
SECURITY

DISTRIBUTOR APPLICATION FORM

Thank you for your interest in becoming an authorized distributor for Rapid Vigil Security. We partner with businesses that share our commitment to quality, reliability, and exceptional service.

Please complete the form below, and a member of our distribution team will contact you shortly.

Business Information

Business Name:

Registered Business Address:

City / State / Country:

Business Website:

Year Established:

Business Type:

- Retailer
- Wholesaler
- Security Equipment Supplier
- System Integrator
- Other: _____

Primary Contact Details

Full Name:

Position / Title:

Phone Number:

Email Address:

Company Profile

Brief Description of Your Business:

(Products/services offered, target market, industry experience)

Number of Employees:

Regions You Currently Serve:

Product Interests

Please indicate the product categories you are interested in distributing:

CCTV Cameras & Surveillance Systems

- Access Control Devices
- Alarm & Detection Systems
- Security Communication Equipment
- Protective Gear & Accessories
- Other (please specify): _____

Order & Distribution Capacity

Estimated Monthly Order Volume:

Do you currently distribute security products?

- Yes
- No

If yes, please list the brands you currently work with:

Business Documentation

Please provide the following (if applicable):

- Business registration certificate
- Tax identification documents
- Company profile or brochure
- Trade references

Additional Information

Is there anything else you would like us to know about your business or distribution goals?

Declaration

By submitting this application, I confirm that the information provided is accurate and complete to the best of my knowledge.

Name: _____

Date: _____