Project Registration Form

Date Submitted:	

** Please complete this form and submit to sales@vitekcctv.com*

Approved by

Approval Date:

** For Vitek Internal Use.*

Submitted By:

Contact Name:	
Phone:	
Email:	

End-User Info:

Company:			
Contact Name:			
Phone:			
Email:			
Industry:			
City - State - Country:			

Reseller Info:

Company:	
Contact Name:	
Phone:	
Email:	
Acct # with Disti:	

Project Info:

Project Name:	
Revenue Potential:	
Expected Award Date:	
Rollout Schedule:	
Project Details:	

Distributor Info:

Distributor Name:	
Contact Name:	
Phone:	
Email:	

Vitek RSM Name if Involved	
Design Completed?	

Special Pricing Request:

Date Needed:		Requested Discount:	
Probability of Closing (%)		Estimated Order Date:	
Explain Reason for requesting special pricing:			
Competitive Model# and Pricing Info if available:			

Initial estimates on equipment and quantities involved (part # and qty):

		Qty.	MSRP	Extended Price
			Grand Total	0

By clicking 'SUBMIT' an email will be sent to our sales management group with this form attached to the email.

SUBMIT