



AUTHORIZED KEYPORT DEALER APPLICATION

Company Name: _____ EIN: _____

Company Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Website: _____

Phone: _____ Email: _____

Which best describes your business?

- Locksmith Hardware Store Auto Dealer Moto Dealer
 Retailer - Other Distributor

Do you duplicate keys at your location? Yes No

If Yes, what types of keys do you duplicate?

- Standard Transponder-Chipped Auto Laser Cut High Security

Are you a member of any locksmith/security-related associations?

- ALOA SOPL Other _____

How did you hear about us?

- ALOA SOPL Associate Website News/Magazine Customer

If customer, please list their name so we can thank them: _____

For internal use only

Application Submitted: _____ Keyport Rep: _____

Application Reviewed: _____

Prior to submitting your application, please acknowledge that you have reviewed the following

- Keyport website, mykeyport.com, specifically including the Product pages (mykeyport.com/product.html) and FAQs (mykeyport.com/support.html)
- Keyport's video page at vimeo.com/thekeyport
- Keyport's facebook page at facebook.com/thekeyport (we would appreciate if you and/or your company would like us)

I have reviewed the above and feel comfortable that I can answer most general Keyport related questions.

Signed: _____ Date: _____

Please email your completed form to dealer@mykeyport.com