

## Channel Partner Registration Form

### Channel Partner Information:

Organization Name:	
Taxpayer Identification # (TIN):	
Address:	
Primary Contact Name   Title:	
Phone:	
Email:	
Please list the all States where you provide services / have existing customers:	

### Remit Payment Information for Commission Payments:

Bank Name:	
Address:	
Account Type:	
Routing #:	
Account #:	

Submit completed form to Caliber at [partners@caliberpublicsafety.com](mailto:partners@caliberpublicsafety.com).

Please include a copy of company W-9.

Confidential

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