Dealer Application

COMPANY INFORMATION: **SALES REPRESENTATIVE:**

Legal Company Name:			
Business or D.B.A:			
President/Owner Name:			
Street:			
City:	State:	Zip:	
Phone:	Fax:		
Federal ID or SSN*	Check One:	☐ Corporation ☐ Proprietorship ☐ Partnership	
State of Registration:	Resale Cert.#:	* Florida & Washington attach signed copy	

***Please note:** SSN required for sole proprietor

COMPANY SHIP TO ADDRESS: ☐ Same as Above ☐ Residential Address* ☐ Signature Required*

Business or DBA:			
Street:			
City:	State:	Zip:	
Hours For Delivery:	Delivery Appointment Needed? ☐ Yes* ☐ No		

* **Please note:** If above ship to address requires these extra services then additional charges will apply, see price list for exact charges

WEBSITE DETAILS: ☐ Same Name and Address as above

Company Name:			
Street:			
City:	State:	Zip:	
Phone:	Email Address:		
Website Address:			
How would you like to be listed on our website?	☐ Retail ☐ Custom Installer/Retailer ☐ Custom Installer/By Appointment Only		

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COMPANY PROFILE:

Date Business Established:	Annual Sales	# of Employees:	
Buying Group Member:	☐ No ☐ Yes	List:	

PRODUCT LINES YOU OFFER: (Please List)

Interconnect Cables:	
Audio Electronics:	
Video Electronics:	
Speakers:	
Power Products:	
Home Automation:	

CONTACT INFORMATION:

Sales Order Confirmations:	Email:	
*Invoices:	Email:	

***Please Note:** This contact will also receive shipment tracking information via email

OTHER CONTACTS:

		OK to receive pricing?
President:	Email:	☐
Executive/Partner:	Email:	☐
Accounts Payable:	Email:	☐
Buyer:	Email:	☐
Sales Manager:	Email:	☐
Install Manager:	Email:	☐
WH Manager:	Email:	☐
Name:	Email:	☐
Name:	Email:	☐
Name:	Email:	☐
Name:	Email:	☐
Name:	Email:	☐

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METHOD OR PAYMENT: ☐ Check ☐ *Credit Card ☐ C.O.D.

***Please Note:** Credit Card Authorization Required

BANK INFORMATION: (Required if applying for open account terms)

Company Bank:	Account #		
Phone:	Fax:		
Street Address:	City:	State, Zip:	
Contact	Title:	Email:	

CREDIT REFERENCES: (Required if applying for open account terms)

Vender Name:	Account #:	
Phone:	Fax:	
Contact Name:	Email:	
Vender Name:	Account #:	
Phone:	Fax:	
Contact Name:	Email:	
Vender Name:	Account #:	
Phone:	Fax:	
Contact Name:	Email:	
Vender Name:	Account #:	
Phone:	Fax:	
Contact Name:	Email:	

Signature is Required for all Dealers

Signature:		President/Owner or Corporate Officer Only
Print Name:	Date:	