



DEALER APPLICATION

(printed reference information may be attached to this signed Application)

Business Name: _____ Telephone: _____

DBA: _____ Fax: _____

Shipping Address: _____ City, State Zip _____

Billing Address: _____ City, State Zip _____

E-mail Address: _____ Company Website: _____

Form of Business: Proprietorship ; Partnership ; Corporation/LLC

Describe Business: _____

Year Business Est. _____; Under Laws of the State of: _____; Date of Incorporation: _____

DUNS# _____; Federal Employer ID #: _____

Tax Exempt Resale Permit # (Please include certificate): _____

Names of Officers & Principals:

Officer/Owner: _____ Title: _____ SS#: _____

Officer/Owner: _____ Title: _____ SS#: _____

Officer/Owner: _____ Title: _____ SS#: _____

Years at present Location: _____ Rent Own

Purchasing:

Do you use purchase orders? Yes No

Authorized Buyers: _____

Accounts Payable Contact Person: _____

Financial & Bank References:

Has this firm or any of its principals ever been bankrupt? Yes No

If YES. Explain _____

Primary Bank: _____ Savings ; Checking ; Loan

Account #: _____ Contact: _____ Phone: _____

Address: _____ Number of Years: _____

Secondary Bank: _____ Savings ; Checking ; Loan

Account #: _____ Contact: _____ Phone: _____

Address: _____ Number of Years: _____

Mailing Address:
SupremeProAudio
P.O. Box 550
Marlborough, NH 03455-0550

USA & Canada: 800-213-3515
Suppliers & Foreign: 603-876-3636
Fax: 800-346-4867 or 603-876-4001
E-mail: Info@SupremeProAudio.com
Home Page: www.SupremeProAudio.com

Shipping Address:
SupremeProAudio
155 Troy Rd.
Marlborough, NH 03455

Trade References:

Company #1: _____

Account #: _____ Contact: _____ Phone: _____ Fax: _____

Address: _____ Number of Years: _____

Company #2: _____

Account #: _____ Contact: _____ Phone: _____ Fax: _____

Address: _____ Number of Years: _____

Company #3: _____

Account #: _____ Contact: _____ Phone: _____ Fax: _____

Address: _____ Number of Years: _____

Company #4: _____

Account #: _____ Contact: _____ Phone: _____ Fax: _____

Address: _____ Number of Years: _____

I certify that all statements in this application are true and complete. I authorize SupremeProAudio to investigate the references herein listed.

Company: _____

Name: _____ Title: _____

Address: _____ State, Zip: _____

Drivers License # _____ State: _____

Signature: _____ Date: _____

Mailing Address:
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