



# CARDAS AUDIO

## Dealership Application 1 of 2

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Store Telephone: \_\_\_\_\_ Store Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Structure:     Corporation     Partnership     Sole Proprietorship

Corporation Name: \_\_\_\_\_

Partners Names: \_\_\_\_\_

Preferred Payment Type:     Open Account     C.O.D.     Credit Card

Trade Reference 1 Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax or Email: \_\_\_\_\_

Trade Reference 2 Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax or Email: \_\_\_\_\_

Trade Reference 3 Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax or Email: \_\_\_\_\_

## **Dealership Application 1 of 2**

Total Number of Employees: \_\_\_\_\_ Number of Sales People: \_\_\_\_\_

Name of Store Manager: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

How long in present location? \_\_\_\_\_

Business Hours: \_\_\_\_\_

### *Sales Staff*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

What product lines do you represent?

Speakers: \_\_\_\_\_

Electronics: \_\_\_\_\_

Video: \_\_\_\_\_

Cables: \_\_\_\_\_

