



# CARDAS AUDIO

## Distributor Application 1 of 2

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

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

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

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

Website: \_\_\_\_\_ Country/Territory: \_\_\_\_\_

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

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

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

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

Company Structure:     Corporation     Partnership     Sole Proprietorship

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

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

Preferred Payment Type:     Open Account     Wire Transfer     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: \_\_\_\_\_

**Distributor Application 2 of 2**

What product lines do you represent and for how long?

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

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

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

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

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

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

How many dealers are in your territory? \_\_\_\_\_

How many dealers in your territory do you sell to? \_\_\_\_\_

Market Potential: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you wish to be a Cardas distributor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

