



CARDAS AUDIO

Manufacturers Application 1 of 2

Company Name: _____

Contact Name: _____

Telephone: _____ Fax: _____

Cell Phone: _____ Email: _____

Website: _____ Date Business Established: _____

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: _____

Manufacturers Application 2 of 2

What types of products do you produce? _____

What brands do you produce? _____

What Cardas products are you interested in? _____

Estimated annual usage? _____

Total Number of Employees: _____

