



Confidential Dealer Application
The #1 "GO TO LINE" for Independent Dealers

[Empty rectangular box]

DATE _____

REP FIRM _____

SALES REP _____

[] SHIP ORDER IMMEDIATELY

[] HOLD ORDER UNTIL CREDIT IS APPROVED

Billing Address

Shipping Address

Name: _____

DBA: _____

DBA: _____

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

E-mail: _____

Phone: _____

@ _____

Fax: _____

Type of business: [] Sole proprietor [] Partnership [] Corporation, (State): _____

Federal Tax I.D Number: _____ Corporate ID#: _____

Number of years in business: _____ At this location: [] Yes [] No

Number of stores represented: _____ Please attach list of other locations

Owner's Information

List all officers

Name: _____

CEO: _____

Street: _____

Accounts payable: _____

City: _____

Authorized buyer(s): _____

State: _____ Zip: _____

Home Phone: _____

Store Manager: _____

SSN: _____

Shop Manager: _____

Bank References

Bank name: _____

Account Number: _____

Phone Number: _____

Fax number: _____

Contact person: _____

Alt. Contact: _____

Do you have any loans or credit with the above bank? [] Yes [] No

Loan #: _____ Credit Line: _____ Due Date: _____

Secured? [] Yes [] No If yes, by whom? _____

I hereby certify that I hold a valid seller's permit #: _____ issued pursuant to the Sales and Tax Law; that I am engaged in the business of selling: _____

(!) Please attach a copy of resale permit and business license

Trade references:

Name: _____
Acct #: _____
Phone: _____
Fax: _____

Name: _____
Acct #: _____
Phone: _____
Fax: _____

Name: _____
Acct #: _____
Phone: _____
Fax: _____

Name: _____
Acct #: _____
Phone: _____
Fax: _____

Name: _____
Acct #: _____
Phone: _____
Fax: _____

Name: _____
Acct #: _____
Phone: _____
Fax: _____

Is your business a distributorship? Yes No

Do you sell merchandise via mail order, online or EBAY Yes No

Are your receivable and/ or inventory pledged to others? Yes No

If yes, please explain: _____

Are you set up with any flooring company? Yes No

If yes, please list name(s): _____

Are you established with GE Finance? Yes No

Earthquake Credit Department has a variety of payment plans subject to credit approval.

Total annual sales: \$ _____ Requested credit Line: \$ _____

Requested credit terms: _____

Open account net 30 / GE Financial / Credit card (VS, MC, DIS or AX)

As owner and/ or authorized officer acting on behalf of this company, I agree and personally guarantee to pay EARTHQUAKE Sound Corporation according to the terms and conditions as outlined on each invoice. The information in this application and in all financial statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes EARTHQUAKE Sound Corporation to investigate all credit references and any other matters pertaining to its financial responsibility. I also authorize Earthquake Sound to charge my credit card for any past due invoices according to the terms on each invoice.

Owner/Officer Name: _____ Dated: _____

Signature: _____ Title: _____

All orders will be shipped only with prepayment unless credit has been established
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