



DEALER ACCOUNT APPLICATION

Fillable PDF!

This application is intended to:

Confirm you are in an automotive-related business. You are a professional install facility for mobile electronics.

BUSINESS INFORMATION

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Website: _____

Tax ID Number: _____

LOCATION INFORMATION

Name of owner or corporate officer _____

Contact Person(s) _____ Position: _____

How long have you been in business? _____

How many locations do you have? _____

Do you want to sign up all locations? _____

In order to sign up all of your locations you MUST fill out separate account application and provide a tax certificate for each location

PAYMENT INFORMATION

_____ COD Certified check or money order

_____ COD Company check. Must fill out a company check application and be approved by our accounting department

_____ Prepaid on a company credit card. The card must be in either the company or business owners name

How did you hear about us? _____ Sales Rep: _____

In order to process your application we need a copy of your store license or a copy of your states tax certificate.

By purchasing our products you agree we cannot be held liable for any tickets or accidents, caused by the drive lack of attention. Our products are intended for off-road and passenger entertainment only.

By purchasing distributing and installing our products you agree with the terms stipulated above.

100 Northwest 11th Street Boca Raton FL 33432 Fax: 561-955-9760