



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? _____

