



**Print out this form and Fax back to
Cardas Audio at 541-347-2301**

Office Use Only

Date Received: _____

Distributor number: _____

Distribution Area: _____

Number of Dealers: _____

Distributorship Application Page 1 of 2

Company Name: _____

Contact Name: _____

Area Represented: _____

Contact Country Code and Phone: _____

Contact Country Code and Fax: _____

Contact eMail: _____

Internet URL: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Company Structure: Corporation Partnership Sole Proprietorship

If Corporation, Corporation Name: _____

If Partnership, Partner Names: _____

Trade Reference 1 Name: _____

Trade Reference 1 Contact: _____

Trade Reference 1 Country Code and Phone: _____

Trade Reference 2 Name: _____

Trade Reference 2 Contact: _____

Trade Reference 2 Country Code and Phone: _____

Trade Reference 3 Name: _____

Trade Reference 3 Contact: _____

Trade Reference 3 Country Code and Phone: _____

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Distributorship Application Page 2 of 2

Date Business Established: _____

Brands Represented and for how long?

Cable Brands Currently Represented and for how long?

Why do you wish to be a Cardas Dealer?

Describe your market.

What can we provide to help you sell our products?

