

RESELLER APPLICATION

Legal Business Name	Trade Name-DBA	Phone No. _____ Fax No. _____
Billing Address	City	State _____ Zip Code _____
Shipping Address	City	State _____ Zip Code _____

Business Is a: Corporation LLC Partnership Proprietorship
 Year Started _____ State of Inc. _____ Federal I.D. No.: _____
 Website Address: _____ Dun & Bradstreet No.: _____
 SoundTube Sales Rep Firm: _____ Salesperson's Name: _____

Dealer History: This is my company's first time contacting SoundTube about becoming a dealer.
 I have been a SoundTube dealer in the past.

Resale Sales Tax ID Number: _____ **State:** _____

**Please include your Resale Tax Certificate with your application.*

Personal Information

Name: _____ Title: _____
 Email: _____ Phone Number: _____

Ownership Information

Name: _____ Title: _____ Percentage of Ownership: _____
 Email: _____ Phone Number: _____

Point(s) of Contact

Sales POC: _____ Email: _____
 Purchasing POC: _____ Email: _____

Accounts Payable

A/P Contact: _____ A/P Email: _____
 A/P Phone: _____

Business Background

Primary Business Type: Mostly Commercial Mostly Residential Equal Parts Commercial & Residential
 Years in Business: Less than one year 1-2 years 3-5 years 6-10 years More than 10 years
 Number of Employees: 0-5 6-10 11-20 21-100 101+ employees
 Annual Sales: Less than \$99,999 \$100,000-\$249,999 \$250,000-\$299,999 \$500,000-\$999,999
 \$1,000,000-\$1,999,999 \$2,000,000-\$4,999,999 More than \$5,000,000

Product Interests

Which types of products are you interested in?

<input type="checkbox"/> Outdoor	<input type="checkbox"/> Home Theater / Stereo
<input type="checkbox"/> Soundbars	<input type="checkbox"/> In-Ceiling
<input type="checkbox"/> In-Wall	<input type="checkbox"/> Hanging
<input type="checkbox"/> Surface Mount	<input type="checkbox"/> IP-Addressable
<input type="checkbox"/> Line Array	<input type="checkbox"/> Focus Point / Parabolic
<input type="checkbox"/> SolidDrive Transducer	<input type="checkbox"/> Subwoofer

*Not sure what you're looking for? Just ask us in the comment section!

Which SoundTube brands would you like to carry?

<input type="checkbox"/> Induction Dynamics	<input type="checkbox"/> PhaseTech
<input type="checkbox"/> Rockustics	<input type="checkbox"/> SolidDrive
<input type="checkbox"/> Soundsphere	<input type="checkbox"/> SoundTube

*Not familiar with all our brands? That's okay! Feel free to comment.

Are you a member of a buying group? Yes No

*If "Yes," please share: _____

Comments: _____

Signed: _____ Date: _____

CREDIT APPLICATION

Parent Company Name (if applicable): _____
 Address: _____ City: _____ State: _____ Zip: _____
 A/P Contact: _____ A/P Email: _____
 A/P Phone: _____ Estimated Monthly Purchases: \$ _____
 Terms Requested: Credit Card Net terms – Credit Limit Requested \$ _____

Check one: Principal Partner Proprietor
 Name: _____ Social Security No. _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Mobile: _____ Email: _____

Bank References

Name	Contact Name	Phone
Street Address	City, State, Zip Code	Date Opened

Type of Account: Checking No. _____ Saving No. _____ Loan No. _____

Trade References (Major Supplies)

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Account No.
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application. If credit is extended, you agree to be bound by all of the terms and conditions on Vendor's invoices and posted on Vendor's website.

Signature

Date

Title



CREDIT CARD PAYMENT INFORMATION

Full Name (As Appears on Card): _____

Billing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone Number: _____

Type of Card: American Express Visa Mastercard Discover
Card Number: _____ Exp. Date: _____ Security Code: _____

Keep this card on file for future transactions? Yes No

Note: By checking this box, I allow SoundTube Entertainment[®] or its affiliates to charge this card after 60 days of receiving a demo unit, if the unit has not been returned beforehand.

I, _____, am an authorized signor and have the authority to apply for
(print your first and last name)

resellership and give payment information.

Signed: _____ Date: _____



SOUNDTUBE ACH & WIRE INFORMATION

When submitting an ACH or Wire payment, please send payment details to payments@soundtube.com.

ACH PAYMENTS:

BANK OF AMERICA
1455 MARKET STREET
SAN FRANCISCO, CA 94109
ABA: 081000032
ACCOUNT #: 003491349047
TO BENEFIT: SOUNDTUBE ENTERTAINMENT
REFERENCE: PLEASE INCLUDE INVOICE NUMBER

WIRE PAYMENTS:

BANK OF AMERICA
100 WEST 33RD STREET
NEW YORK, NEW YORK 10001
ABA: 026009593
ACCOUNT #: 003491349047
TO BENEFIT: SOUNDTUBE ENTERTAINMENT
REFERENCE: PLEASE INCLUDE INVOICE NUMBER

FOR INTERNATIONAL USD PAYMENTS USE
SWIFT: BOFAUS3N