

- BLU-TACK**
 J.A. MICHELL
 MONOLITE
 PRISMA CABLE
 SONUS SYSTEMS
 TENDERFEET
 OTHER _____

Company Name _____ DBA _____

Store Location(s):

1. _____
 2. _____
 3. _____

Principal Contact/Buyer _____ Phone _____ Fax _____

Store Type: Hi End Salon Independent Specialty Specialty Chain Cust. Installer only

Is this a store front? _____ Is this your residence? _____ Other _____

Is this your Primary Business? Secondary Business? Incorporated Individual

Member of Buying Group? Name of Buying Group: _____

Years in Business _____ No. of full time Sales People _____ No. of part time Sales People _____

No. of Stereo-only Sound Rooms _____ No. of Home Theatre Rooms _____ Total No. of rooms _____

Sales Floor square footage _____ Custom Install Service? In-Store Warranty Service?

Contractor's Licence # _____ Retail Sales Tax # _____

Primary Promotional Vehicles (Check all that apply):

Radio Press Direct Mail Internet Local shows Other _____

Product Mix (List the various lines that you currently sell)

Electronics: _____

Speakers & Cables: _____

Ever been a dealer for Artech's products before? _____

If so, when & why dropped? _____

Comments _____

Rep. nominating this account: _____ Date: _____

Artech approval: _____ Date: _____

Artech Electronics Ltd.

Application for Credit - USA

Name of company _____ DBA _____

Mailing address _____ Years in business _____

City _____ State _____ ZIP Code _____

Store telephone # _____ Fax # _____ E-mail address _____

Accounting telephone # _____ Person in charge of payables _____

Shipping address if different from above _____

City _____ State _____ ZIP Code _____

Do you advertise on the Internet? _____ Internet address _____

State Resale Sales Tax licence number _____

	<u>Names of officers or owners</u>	<u>Title</u>	<u>Home address</u>	<u>Home Tel. #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PRINCIPAL CREDITORS

Please supply **complete** addresses and telephone numbers.

Supplier Name _____ Contact Name _____
Address _____ City _____ State _____ Zip Code _____
Telephone # _____ Fax # _____ Account # _____

Supplier Name _____ Contact Name _____
Address _____ City _____ State _____ Zip Code _____
Telephone # _____ Fax # _____ Account # _____

Supplier Name _____ Contact Name _____
Address _____ City _____ State _____ Zip Code _____
Telephone # _____ Fax # _____ Account # _____

Supplier Name _____ Contact Name _____
Address _____ City _____ State _____ Zip Code _____
Telephone # _____ Fax # _____ Account # _____

Supplier Name _____ Contact Name _____
Address _____ City _____ State _____ Zip Code _____
Telephone # _____ Fax # _____ Account # _____

(PLEASE COMPLETE OTHER SIDE)

Bank References

Name of Bank _____ Bank Manager _____

Address _____ City _____ State _____ ZIP Code _____

Telephone # _____ Fax # _____

Account numbers _____

Do you have a line of Credit? _____ How much? _____

Do you floorplan? _____ Transamerica Nation's Whirlpool AT+T ITT other _____

Amount of credit you are requesting from Artech Electronics Ltd. \$ _____

Our terms are net 30 days. Until credit is established all orders must be accompanied by payment. In exchange for the courtesy of credit, a finance charge of 1.5% per month (18% per annum) is levied on overdue balances. Returned merchandise is subject to a 15% restocking fee. Payments returned for any reason are subject to a \$25.00 service charge.

I declare that all of the above information is true. I authorize Artech Electronics to conduct a thorough credit check to establish a line of credit. It is agreed that all goods purchased or loaned from Artech Electronics Ltd. remain the property of Artech Electronics Ltd. until paid for in full. It is further understood and agreed that all invoices not paid for as per invoice terms will be accessed a finance charge as stated above.

Authorized signature _____

Name (please print) _____ Title _____ Date _____

Notes



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