



Application For Wholesale Status

VALID BUSINESS LICENSE REQUIRED TO PROCESS APPLICATION. PLEASE MAIL OR FAX TO:

Wholesale Manager • 725 Pleasant Valley Dr. • Springboro, OH 45066-1158
 Call Toll Free: 1-866-366-4909 • FAX: 1-866-755-7557
 E-MAIL: sales@pewholesale.com

COMPANY PROFILE

Company Name: _____ # Years in Business: _____
 Location: _____ # Years at Location: _____
 City: _____ State: _____ Zip: _____
 Phone Number(s): (_____) _____ (_____) _____
 Fax Number(s): (_____) _____ (_____) _____
 E-Mail Address: _____ Web Site: _____
 Authorized Buyer's Name: _____ Extension _____
 Authorized Buyer's Name: _____ Extension _____
 Authorized Buyer's Name: _____ Extension _____

VALID BUSINESS LICENSE OR STATE CERTIFICATE REQUIRED TO PROCESS THIS APPLICATION

<p>Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship</p> <p>Type of Business (check all that apply, circle primary): <input type="checkbox"/> Retail <input type="checkbox"/> Repair <input type="checkbox"/> Export <input type="checkbox"/> Manufacturing <input type="checkbox"/> Installation <input type="checkbox"/> Distribution <input type="checkbox"/> Other (specify): _____</p> <p>Annual expenditure for electronic parts: \$ _____</p> <p>Type of Products/Accessories Purchased (check all that apply): <input type="checkbox"/> Connectors <input type="checkbox"/> Mobile Audio/Video <input type="checkbox"/> Wire Cable <input type="checkbox"/> Home Theatre <input type="checkbox"/> Pro Sound/Lighting <input type="checkbox"/> Security/Alarm <input type="checkbox"/> CATV/SATV <input type="checkbox"/> Test Equipment <input type="checkbox"/> Chemicals <input type="checkbox"/> Speakers <input type="checkbox"/> Other (specify): _____</p>	<p># of Employees with your company: _____</p> <p>Associations (check all that apply): <input type="checkbox"/> CEDIA <input type="checkbox"/> NSCA <input type="checkbox"/> NESDA <input type="checkbox"/> USAC <input type="checkbox"/> NAMM <input type="checkbox"/> EIA <input type="checkbox"/> IASCA <input type="checkbox"/> CES <input type="checkbox"/> Other (specify): _____</p> <p>Which trade magazines do you read/subscribe?</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Read</th> <th style="text-align: center;">Subscribe</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Read	Subscribe	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Read	Subscribe														
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_____	<input type="checkbox"/>	<input type="checkbox"/>														

Print Name: _____ Title: _____
 Signature: _____ Date: _____
(Company Officer)

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FOR OFFICE USE ONLY

Approved Declined _____
(Explain)

Build File Customer on File Customer # _____ YTD Sales \$ _____

Assigned To _____ Salesperson # _____ Date _____

Intro Call Catalog Mailed Price Book Mailed Other: _____

Notes: _____

NOTE: THIS APPLICATION MUST BE FILLED OUT COMPLETELY FOR CONSIDERATION OF DEALER STATUS