



OSD Audio | BLACK

775 Columbia St.

Brea CA 92821

Tel: (562) 697-2600

Fax: (714) 256-8300

Email: dealers@audiogeargroup.com

NEW ACCOUNT APPLICATION

COMPANY INFORMATION

Company Legal Name:		
Dba:		
Billing Address:		
Shipping Address:		
Phone:		Fax:
Sales Contact:	Tel:	Email:
Purchasing Contact:	Tel:	Email:
Accounts Payable:	Tel:	Email:

BUSINESS INFORMATION

Primary Business:		Federal ID Number:	
Resale Number:		Total Employees:	
Year Established		D&B Number:	
Form of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Military/Government
Corporation (specify)	<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp	<input type="checkbox"/> Nonprofit Organization

SALES, SERVICE & MARKETING STRUCTURE

Number of Employee's that will market, sell and support AGG Products?			
Sales:	Marketing:	Technical Support:	
What form of advertising/promotion does your company make use of? (Check all that apply)			
<input type="checkbox"/> Internet <input type="checkbox"/> Magazine <input type="checkbox"/> TV <input type="checkbox"/> Tradeshow <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Others:			
Main Distributor/s:			
Main Suppliers:			
Company Annual Sales:	Previous	Current	Next
Geographic Market (check all that apply)			
<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Int'l <input type="checkbox"/> Global			
Product Lines (Check all that apply)			
<input type="checkbox"/> Audio/video <input type="checkbox"/> Computer <input type="checkbox"/> Accessories <input type="checkbox"/> Installation Services			
<input type="checkbox"/> Other(specify): _____			

Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE



PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

TELEPHONE NUMBER

DATE

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CREDIT CARD SIGNATURE ON FILE AUTHORIZATION FORM

Please complete and Fax to 714.256.8300 or email it to info@audiogeargroup.com

Please complete this form if you would like Audio Gear Group to keep your credit card on file for future orders. The use of this form is optional and for your convenience. By signing this form you authorize Audio Gear Group to charge the below credit card for each shipment/order made on your behalf by Audio Gear Group. If you do not wish for your credit card to be charged for any given shipment, you must notify Audio Gear Group of this in writing when placing an order.

Information to be completed by the Cardholder:

The undersigned agrees and authorizes Audio Gear Group to charge the credit card indicated below for any account balances which include, but are not limited to any additional freight and handling charges.

PLEASE CHECK ONE:

AMERICAN EXPRESS MASTERCARD VISA DISCOVER

NAME AS IT APPEARS ON CARD	
CREDIT CARD NUMBER	
EXP. DATE	
CARD IDENTIFICATION #	
BILLING ADDRESS	
PHONE NUMBER	
COMPANY NAME IF CORPORATE CARD	

I, _____ authorize Audio Gear Group to process the above credit card as "Signature on File" for any balance due on my account.

Cardholder's Signature

Date

All information entered on this form will be kept strictly confidential by Audio Gear Group.

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