

**FDW CORP**

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DEALER APPLICATION

TYPE OF ACCOUNT: NEW UPDATE INFO REINSTATE

CUSTOMER NUMBER (IF KNOWN): _____

SOLD TO: (BILLING ADDRESS)

LEGAL NAME: _____ DBA: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AUTHORIZED CONTACT PERSON: _____ TITLE: _____

EMAIL ADDRESS: _____ PHONE: _____

WEBSITE: _____ FAX: _____

YEARS AT LOCATION: _____ DATE COMPANY ESTABLISHED: _____

FED ID #: _____

SHIP TO: SAME AS ABOVE DIFFERENT (PLEASE FILL-IN INFORMATION)

CUSTOMER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

ORDER PLACEMENT AUTHORIZATION:

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

BUSINESS TYPE:

RETAIL CONTRACTOR/INTEGRATOR DISTRIBUTOR RENTAL

Please select the market that is your PRIMARY source of revenue. Please select only ONE.

<u>RETAIL</u>	<u>CONTRACTOR/INTEGRATOR</u>	<u>DISTRIBUTOR</u>	<u>RENTAL</u>
MUSIC INDUSTRY	SCHOOLS & UNIVERSITIES	MUSIC DEALERS	TOURING
PRO AUDIO	HEALTH	INSTALLATION	HOSPITALITY
RECORDING	HOSPITALITY	SECURITY	CORPORATE
BROADCAST	COMMERCIAL		
DJ	GOVERNMENT		
LIGHTING	HOUSES OF WORSHIP		
CONSUMER	CONSULTANT		

